



**State of Connecticut
Department of Public Health
Office of Health Care Access**

**Certificate of Need Application
Main Form**
Required for all CON applications

Contents:

- Checklist
- List of Supplemental Forms
- General Information
- Affidavit
- Abbreviated Executive Summary
- Project Description
- Public Need and Access to Health Care
- Financial Information
- Utilization

Supplemental Forms

In addition to completing this **Main Form** and **Financial Worksheet (A, B or C)**, the applicant(s) must complete the appropriate **Supplemental Form** listed below. All CON forms can be found on the OHCA website at [OHCA Forms](#).

| Conn. Gen. Stat. Section 19a-638(a) | Supplemental Form |
|---|--|
| (1) | Establishment of a new health care facility (mental health and/or substance abuse) - see note below* |
| (2) | Transfer of ownership of a health care facility (excludes transfer of ownership/sale of hospital – see “Other” below) |
| (3) | Transfer of ownership of a group practice |
| (4) | Establishment of a freestanding emergency department |
| (5) (7) (8) (15) | Termination of a service: - inpatient or outpatient services offered by a hospital - surgical services by an outpatient surgical facility** - emergency department by a short-term acute care general hospital - inpatient or outpatient services offered by a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended |
| (6) | Establishment of an outpatient surgical facility |
| (9) | Establishment of cardiac services |
| (10) (11) | Acquisition of equipment: - acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners - acquisition of nonhospital based linear accelerators |
| (12) | Increase in licensed bed capacity of a health care facility |
| (13) | Acquisition of equipment utilizing [new] technology that has not previously been used in the state |
| (14) | Increase of two or more operating rooms within any three-year period by an outpatient surgical facility or short-term acute care general hospital |
| Other | Transfer of Ownership / Sale of Hospital |

*This supplemental form should be included with all applications requesting authorization for the establishment of a **mental health and/or substance abuse treatment facility**. For the establishment of other “health care facilities,” as defined by Conn. Gen. Stat § 19a-630(11) - hospitals licensed by DPH under chapter 386v, specialty hospitals, or a central service facility - complete *the Main Form* only.

**If termination is due to insufficient patient volume, or it is a subspecialty being terminated, a CON is not required.

University of Connecticut Health Center

| INVOICE NUMBER | INVOICE DATE | PO NUMBER | DOCUMENT NUMBER | INVOICE AMOUNT | DISCOUNT AMOUNT | PAID AMOUNT |
|----------------|--------------|-----------|--------------------|----------------|-----------------|--------------|
| CONFilingFee | 12/01/2015 | P0259067 | I1382432 | 500.00 | 0.00 | 500.00 G |
| CHECK NUMBER | CHECK DATE | VENDOR ID | TOTAL ADDL CHARGES | TOTAL GROSS | TOTAL DISCOUNT | CHECK AMOUNT |
| 04-40445219 | 12/03/15 | 800043474 | .00 | 500.00 | .00 | 500.00 |

For all inquiries, call Accounts Payable (860)679-3264

REMOVE CHECK ALONG THIS PERFORATION

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

UCONN HEALTH

263 FARMINGTON AVENUE
FARMINGTON, CT 06030-5332

Bank of America
Hartford, CT
51-44/119

Money order information
Name in box should match payee name below.

04-40445219

Check Date
12/03/15

Check Amount
*****500.00 USD

This Check Void After 180 Days

PAY **Five Hundred & 00/100*****

TO THE State of Connecticut
ORDER Office of the State Treasurer
OF 55 Elm St
Hartford CT 06106
United States of America

[Signature]
AUTHORIZED SIGNATURE

THE BACK OF THIS CHECK CONTAINS A SECURITY MARK - DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY SECURITY MARK

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

UCONN HEALTH

263 FARMINGTON AVENUE
FARMINGTON, CT 06030-5332

IMPORTANT DATED DOCUMENT ENCLOSED

State of Connecticut
Office of the State Treasurer
55 Elm St
Hartford CT 06106
United States of America

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HCA-618 (REV 07/15)



The Hartford Courant.

A TRIBUNE PUBLISHING COMPANY

Affidavit of Publication

State of Connecticut

Tuesday, December 1, 2015

County of Hartford

I, Sterling O'Keefe, do solemnly swear that I am Sales Assistant of the Hartford Courant, printed and published daily, in the state of Connecticut and that from my own personal knowledge and reference to the files of said publication the advertisement of Public Notice was inserted in the regular edition.

On date as follows: 11/14/15, 11/16/15

In the amount of \$114.24
UCONN Health Center

Sterling O'Keefe

Sales Assistant
Sterling O'Keefe

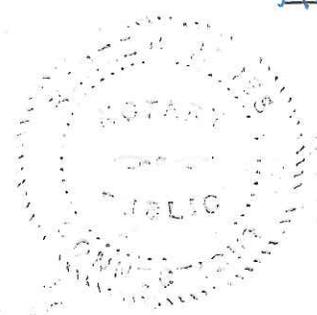
Subscribed and sworn to before me on December 1, 2015

Renee N. Janes

Notary Public

RENEE N. JANES
NOTARY PUBLIC
MY COMMISSION EXPIRES MAR. 31, 2018

3757403





Affidavit of Publication

State of Connecticut

Tuesday, December 1, 2015

County of Hartford

I, Sterling O'Keefe, do solemnly swear that I am Sales Assistant of the Hartford Courant, printed and published daily, in the state of Connecticut and that from my own personal knowledge and reference to the files of said publication the advertisement of Public Notice was inserted in the regular edition.

On date as follows: 11/15/15

In the amount of \$86.04
UCONN Health Center

Sterling O'Keefe

Sales Assistant
Sterling O'Keefe

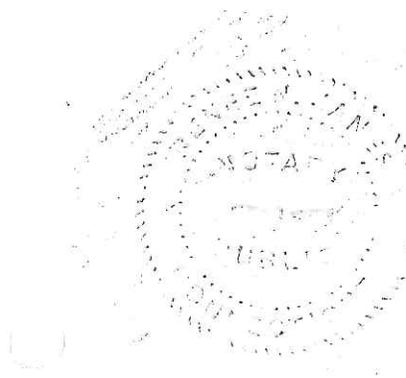
Subscribed and sworn to before me on December 1, 2015

Renee N. James

Notary Public

RENEE N. JAMES
NOTARY PUBLIC
MY COMMISSION EXPIRES MAR. 31, 2018

3757452



Connecticut

11-14-2015

275 Richard Street Newington – ELUR Public Notice

As required by Connecticut General Statute 22a-133q-1, public notice is hereby provided that an environmental land use restriction (ELUR) is being proposed for a portion of the property located at 275 Richard Street in Newington, Connecticut. The purpose of the ELUR is to ensure that humans are not exposed to soils at the Subject Area (Subject Area A) that are polluted with substances in concentrations exceeding the direct exposure criteria (DEC) established in the Regulations of Connecticut State Agencies (RCSA) sections 22a-133k-1 through 22a-133k-3, inclusive. In addition, due to the presence of regulated compounds in soil at concentrations above the GA pollutant mobility criteria (PMC) established in the RCSA sections 22a-133k-1 through 22a-133k-3, inclusive, the purpose of the ELUR is to protect groundwater quality. The ELUR will prohibit the disturbance of soil located beneath a portion of the building and will also prohibit the removal of the building structure to ensure the polluted soil is inaccessible as defined in RCSA Section 22a-133k-1(32) and by rendering soil environmentally isolated as defined in RCSA Section 22a-133k-1(18). The Owner of the property is EDAC Technologies, 5 McKee Place, Cheshire, CT 06410. Persons interested in obtaining a copy of the proposed ELUR should contact Sam Haydock, BL Companies, 355 Research Parkway, Meriden, CT 06450, (203) 630-1406. Questions and/or comments on the proposed ELUR may be submitted within thirty days in writing to the above mentioned and/or the Commissioner of Environmental Protection, 79 Elm Street, Hartford, CT 06103.

NOTICE OF PUBLIC SALE OF PERSONAL PROPERTY

Notice is hereby given that Extra Space Storage will sell at public auction, to satisfy the lien of the owner, personal property described below belonging to those individuals listed below at location indicated:

132 Silas Deane Highway
Wethersfield, CT 06109
860-257-0061
11/20/2015 at 2:00PM

30 Theodore Patrick Regan Household Items
32 Susan Camilli Household Items
84 Kennedy Sonsharee Household Items
237 Anthony Etienne-Modeste Household Items
247 Jaquon Jackson Bins, Table, Chairs, Stand
267 Gilberto Nunes Household Items
280 Richard Hogg Household Items
281 Alex Collazo Household Goods
321 Elizabeth Paparella Household Goods
353 Andrea Evangelina Jones Household Items and Clothing
384 Gilberto Nunes Household Goods
423 Darnel Shanks Household Items
553 Braulio Donato Household Items
642 Luis E Vilca House goods and boxes
727 Christine Lewis Furniture, household items

The auction will be listed and advertised on www.storage-treasures.com. Purchases must be made with cash only and paid at the above referenced facility in order to complete the transaction. Extra Space Storage may refuse any bid and may rescind any purchase up until the winning bidder takes possession of the personal property.

NOTICE OF PUBLIC SALE OF PERSONAL PROPERTY

Notice is hereby given that Extra Space Storage will sell at public auction, to satisfy the lien of the owner, personal property described below belonging to those individuals listed below at location indicated:

50 Olesen RD
Wethersfield, CT 06109
860-721-9663
11/20/2015 at 1:00PM

6215 Scott Wool household items
5139 Karl White household goods
3457 Maureen Dacosta Household Items/
Furniture
3410 Joanne Czerwinski Furniture & Boxes
8108 Renee Betts household goods
6111 Carlos Serrano 5 bed room home
3437 Jaqueline Burrell 2 bedroom home
8040 Christina Servellon couch, loveseat, 2 beds, 2 dressers, toys, kitchen, boxes

The auction will be listed and advertised on www.storage-treasures.com. Purchases must be made with cash only and paid at the above referenced facility in order to complete the transaction. Extra Space Storage may refuse any bid and may rescind any purchase up until the winning bidder takes possession of the personal property.

Tucker Mechanical is soliciting subcontractors and vendors to support our bid for the Plumbing and Fire Protection work on the University of Connecticut New Engineering & Science Building Project #901376 Phase 2. WBE/MBE/DISBE/SBE businesses who are currently certified by the State of Connecticut Department of Administrative Services are encouraged to bid. Bid Date: Friday, November 20, 2015 @ 12 PM. For more information please contact us via email at tucker_estimating@emcorgroup.com. AA/EOE

NOTICE OF PUBLIC SALE OF PERSONAL PROPERTY

Notice is hereby given that Extra Space Storage will sell at public auction, to satisfy the lien of the owner, personal property described below belonging to those individuals listed at location indicated:

163 South Rd.
Enfield, CT. 06082
860-741-3170
November 20th, 2015 3:30pm

Tracy Oleksiw - A14 Household Items
Sunscherray Alston - B116 Household Goods
Charlotte E Gagner - C13 Household Goods
William Baskerville - E15 Household Items
Essence Thompson - E98 Personal household Items
Tina Smith - E99 Personal Items and Furniture
Tori Mercado - G77 Household Items
Darren Barsalou - G85 Household Goods
Travis Munroe - H28 Household Items

The auction will be listed and advertised on www.storage-treasures.com. Purchases must be made with cash only and paid at the above referenced facility in order to complete the transaction. Extra Space Storage may refuse any bid and may rescind any purchase up until the winning bidder takes possession of the personal property.

35 Holland Drive Newington – ELUR Public Notice

As required by Connecticut General Statute 22a-133q-1(c), public notice is hereby provided that an environmental land use restriction (ELUR) is being proposed for a portion of the property located at 35 Holland Drive in Newington, Connecticut. The purpose of the ELUR is to ensure that humans are not exposed to soils at the Subject Area (Subject Area A) that are polluted with substances in concentrations exceeding the direct exposure criteria (DEC) established in the Regulations of Connecticut State Agencies (RCSA) sections 22a-133k-1 through 22a-133k-3, inclusive. In addition, due to the presence of regulated compounds in soil at concentrations above the GA pollutant mobility criteria (PMC) established in the RCSA sections 22a-133k-1 through 22a-133k-3, inclusive (Subject Areas A and B), the purpose of the ELUR also is to protect groundwater quality. The ELUR will prohibit the disturbance of soil located beneath a portion of the building and will also prohibit the removal of the building structure to ensure the polluted soil is inaccessible as defined in RCSA Section 22a-133k-1(32) and environmentally isolated as defined in RCSA Section 22a-133k-1(18). The Owner of the property is EDAC Technologies, 5 McKee Place, Cheshire, CT 06410. Persons interested in obtaining a copy of the proposed ELUR should contact Sam Haydock, BL Companies, 355 Research Parkway, Meriden, CT 06450, (203) 630-1406. Questions and/or comments on the proposed ELUR may be submitted within thirty days in writing to the above mentioned and/or the Commissioner of Environmental Protection, 79 Elm Street, Hartford, CT 06103.

**Legal Notice
Town Of Wethersfield
Planning And Zoning Commission**

The Wethersfield Planning and Zoning Commission will hold a public meeting on Tuesday, November 17, 2015 at 7:00 p.m. in the Wethersfield Council Chambers, 505 Silas Deane Highway, Wethersfield, Connecticut, to hear the following:

1885-15-Z Denise Paternostro Seeking a Special Permit in accordance with Section 3.5.5 (Accessory Uses - Commercial Vehicle Equipment) of the Wethersfield Zoning Regulations in a commercial zone at 300 Main Street.
1886-15-Z 100 Great Meadow Road Associates Seeking a Special Permit in accordance with Section 5.2, 5.3, 5.8 and 6.2 (Restaurant, Outside Dining, Alcoholic Beverages and Shared Parking) of the Wethersfield Zoning Regulations for a restaurant at 100 Great Meadow Road (Putnam Park Office Building).

Town of Wethersfield
Planning and Zoning Commission
Peter D. Gillespie
Duly Authorized
Dated at Wethersfield, Connecticut,
this 3rd day of November, 2015.

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NEWS UPDATES 24/7

INVITATION TO BID

Fusco Management Company, LLC invites contractors to submit sealed quotations for refuse and recycling for the State of Connecticut, Judicial Branch. The site locations are as follows:

1. Stamford Superior Courthouse, 123 Hoyt Street, Stamford, CT
2. Norwalk Superior Courthouse, 17 Beiden Ave., Norwalk, CT
3. Fairfield County Courthouse, 1061 Main Street, Bridgeport, CT
4. Bridgeport Superior Courthouse, 172 Golden Hill Street, Bridgeport, CT

Bid packages are available upon request by e-mail to kmcsherry@fusco.com.

Sealed bids marked "Bid Enclosed" must be received no later than 11:00 a.m. on December 1, 2015 to Fusco Management Company, LLC, 555 Long Wharf Drive, Suite 14, New Haven, CT 06511, Attn: Karen McSherry. A public bid opening will take place at that time.

Fusco Management Company, LLC is an Affirmative Action/Equal Opportunity Employer.

NOTICE

Statute Reference: 19a-638
Applicant: John Dempsey Hospital
Town: Farmington
Street Address: 263 Farmington Avenue
Description: The applicant is seeking approval from the Office of Health Care Access for the temporary use of a mobile MRI (Magnetic Resonance Imaging unit)

**REQUEST FOR PROPOSAL FOR:
TOWN OF WESTBROOK
WESTBROOK HIGH SCHOOL AND DAISY
INGRAHAM ELEMENTARY SCHOOL
WINDOW REPLACEMENT
WESTBROOK, CT 06498**

The Capitol Region Education Council (CREC) will be accepting proposals for Westbrook High School and Daisy Ingraham Elementary School Window Replacement Project. The windows will meet all the standards specified within the RFP for Westbrook High School and Daisy Ingraham Elementary School Window Replacement All bids must meet the requirements of this request for proposal and be received no later than 12:00 pm (Noon), Monday, November 23, 2015. A mandatory pre-bid site visit is scheduled for Monday, November 16, 2015 at 3:00 p.m. starting at the Westbrook High School located at 156 McVeigh Road, Westbrook, CT. The meeting will continue at the Daisy Ingraham Elementary School at 105 Goodspeed Drive, Westbrook, CT.

For Complete information visit: www.das.ct.gov, www.westbrookctschools.org or www.creconstruction.org

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

courant.com
NEWS UPDATES 24/7

Wheels

Antiques/ Classics

FORD MODEL A 1930 - \$38000
Coupe. Flawless maroon paint. Crate 350/290 HP 350 Turbo 9 in. Ford rear. Brookville chassis, heat/air, custom interior, 4k mi., mint condition. Call Al 203-592-3958



JAGUAR XJS 1989 - \$6800 OBO, 95K Mi. Blk ext., V12, new top, good shape. 860-306-4825



MERCEDES-BENZ 380SL
Diamond Blue/Blue interior 1982
\$19,700.00 Auto Description 50,440 miles, Fair weather driven only, always garaged. Must be seen. 860-463-7788

MG MGA 1962 - \$13000 Red. Many spare parts. 860-738-1004

OLDSMOBILE 88 Coupe 1949 - \$7500 plus, good body, needs TLC, drive home, BO, 860-267-2844

Auto / Truck Wanted

WE BUY CARS WE OFFER IMMEDIATE CASH PAYMENT

860-989-7600
ANY CONDITION!!!!
\$\$\$ Don't trade it, we pay More \$\$\$

CITY RECYCLING

Will buy your scrap steel, copper, aluminum, cars and trucks. 30 Fishry St., Hartford. Call 860-522-9273

Auto & SUV's

CHEVROLET IMPALA 2005 - \$2999 Firm, Exc. 100K Mi. 860-840-5744

CHRYSLER TOWN & COUNTRY 2005 - \$2000 tan ext./int. handicap ramp, 172,000mi. 860-536-1773

CHRYSLER TOWN & COUNTRY 2005 - \$1800 Call Peter 860-559-6449

FIAT 500C Cabrio 2013 - \$10500 Pearl White convertible, 5-Speed Manual, power door locks/ windows, A/C, keyless entry, rear park assist, 34 mpg. Orig. owner, mint condition, 14,325 mi. 860-212-8305

FORD EXPLORER SPORT 2002 - \$3950 LO 71K mi, blk w/ tan int., loaded, sunroof, AMFM CD cass., very good cond. 860-485-1585

PUBLIC NOTICES

SUPERIOR COURT
J.D. OF HARTFORD
AT HARTFORD

DOCKET NO. CV-15-6063262

MEAGAN GAHR a/k/a/
MEGAN MANSFIELD

V.
THE WIDOW, HEIRS AND/OR
CREDITORS OF THE ESTATE OF
FLORENCE C. WELCH and THE
STATE OF CONNECTICUT, DEPT.

NOVEMBER 11, 2015

ORDER OF NOTICE

NOTICE TO THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF FLORENCE C. WELCH AND TO ALL UNKNOWN PERSONS CLAIMING OR WHO MAY CLAIM ANY RIGHTS, TITLE, INTEREST OR ESTATE IN OR LIEN OR ENCUMBRANCE UPON THE REAL PROPERTY DESCRIBED IN THIS COMPLAINT, ADVERSE TO THE PLAINTIFF, WHETHER SUCH CLAIM OR POSSIBLE CLAIM BE VESTED OR CONTINGENT.

The Plaintiff has named THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF FLORENCE C. WELCH as party defendants in the complaint which it is bringing to the above named Court seeking a reformation of the Warranty Deed in favor of Meagan Gahr a/k/a Meagan Mansfield, and to quiet title to the real property known as 47 Winton Road, East Windsor, Connecticut, in Meagan Gahr a/k/a Meagan Mansfield. This complaint was returnable to Court on November 24, 2015 and bears Docket No. CV-15-6063262.

The Plaintiff has represented to said Court, by means of an affidavit annexed to the said complaint, that despite all reasonable efforts to ascertain such information, it has been unable to determine the residences of THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF FLORENCE C. WELCH.

NOTICE

Statute Reference: 19a-638
Applicant: John Dempsey Hospital
Town: Farmington
Street Address: 263 Farmington Avenue
Description: The applicant is seeking approval from the Office of Health Care Access for the temporary use of a mobile MRI (Magnetic Resonance Imaging unit)



TOO SHEA

Jim Shea
has entered the
blogosphere with

PUBLIC NOTICES

11-16-2015

Connecticut

**TOWN OF SOUTH WINDSOR
REQUEST FOR PROPOSALS**

The Town of South Windsor will receive sealed proposals for implementation of Phase I services to clear vegetation within eighteen (18) sanitary sewer easements (Area 1) in accordance with the Town's Vegetation Management Plan (VMP) which can be viewed at [http://www.southwindsor.org/pollution-control - Sanitary Sewer Easement Vegetation Management Plan \(VMP\)](http://www.southwindsor.org/pollution-control-Sanitary_Sewer_Easement_Vegetation_Management_Plan(VMP)). Proposals must be submitted to the Office of the Town Manager, Town Hall, 1540 Sullivan Avenue, South Windsor, CT by 4:30 p.m. prevailing local time, December 21, 2015. Proposals submitted after this time will not be accepted. Each Proposal must be submitted in a sealed envelope, the outside of which must be clearly marked "RFP Vegetation Management - Phase I, Area 1."

The work includes, but is not limited to vegetation maintenance activities along eighteen (18) sanitary sewer rights-of-way (treatment area of 437,089.51 square feet) involving land clearing (3,107.6 linear feet), hand cutting (2,505.51 linear feet), and side trimming (10,927.25 linear feet).

Copies of the Request for Proposal Documents may be examined and obtained at the Department of Public Works, Town Hall, 1540 Sullivan Avenue, South Windsor, CT, between the hours of 8:00 a.m. and 4:30 p.m. on every working day. Each contractor must deposit with his proposal a bid security in the form acceptable to the Town in the amount of not less than ten (10) percent of the total bid price.

No proposal may be withdrawn within ninety (90) days after the actual date of submittal.

The Town of South Windsor, Connecticut reserves the right to waive any informalities, and the right to disregard all non-conforming, non-responsive, unbalanced or additional bids.

Matthew B. Galligan
Town Manger

Tucker Mechanical is soliciting subcontractors and vendors to support our bid for the Plumbing and Fire Protection work on the University of Connecticut New Engineering & Science Building Project #901376 Phase 2. WBE/MBE/DisSBE/SBE businesses who are currently certified by the State of Connecticut Department of Administrative Services are encouraged to bid. Bid Date: Friday, November 20, 2015 @12 PM. For more information please contact us via email at tucker_estimating@emcorgroup.com. AA/EQE

ORDER OF NOTICE

Sealed proposals for the performance laboratory soil and rock testing for the Relocation of 91 NBV Interchange 29 and Widening of I-91 NB, Route 15, and I-84 EB in Hartford and East Hartford, Connecticut, will be received by Freeman Companies, LLC on behalf of CME Associates, Inc., until Monday, December 21st, 2015 at 12:00 (noon), Eastern Daylight Time. Deliver all bids to Freeman Companies, LLC, 36 John Street, Hartford, Connecticut, 06106, or via email to nwhetten@freemancos.com. Proposals must be made upon the form provided. CME Associates, Inc. reserves the right to reject any or all bids. A copy of the bid form is available via email upon request. Email nwhetten@freemancos.com for bid form.

NOTICE

Statute Reference: 19a-538
Applicant: John Dempsey Hospital
Town: Farmington
Street Address: 263 Farmington Avenue
Description: The applicant is seeking approval from the Office of Health Care Access for the temporary use of a mobile MRI (Magnetic Resonance Imaging unit)

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NEWS UPDATES 24/7

**STATE OF CONNECTICUT
SUPERIOR COURT
JUVENILE MATTERS**

ORDER OF NOTICE

Notice to Stacey Christoforakis, mother of female child born on 11/14/2012 of parts unknown.

A petition has been filed seeking: Commitment of a minor child(ren) of the above named or vesting of custody and care of said child(ren) of the above named in a lawful, private or public agency or a suitable and worthy person. Termination of parental rights of the above named in minor child(ren).

The petition, whereby the court's decision can affect your parental rights, if any, regarding minor child(ren) will be heard on: 11/25/2015 at 11:45 a.m. at 20 Franklin Square, 3rd Floor, New Britain, CT 06051

Therefore, ORDERED, that notice of this hearing of this petition be given by publishing this Order of Notice once, immediately upon Receipt, in the: Hartford Courant, a newspaper having a circulation in the town/ city of: New Britain.

Hon. Holly Abery-Wetstone
Joanne Benikas, Administrative Assistant
Signed 11-6-15

Right to Counsel: Upon proof of inability to pay for a lawyer, the court will make sure an attorney is provided to you by the Chief Public Defender. Request for an attorney should be made immediately in person, by mail, or by fax at the court office where your hearing is to be held.

courant.com
NEWS UPDATES 24/7

Liquor Notices

**LIQUOR PERMIT
NOTICE OF APPLICATION**

This is to give notice that I, WILFNER QUIJANO, 741 FRANCE ST ROCKY HILL, CT 06067-2808. Have filed an application placarded 11/13/2015 with the Department of Consumer Protection for a RESTAURANT LIQUOR PERMIT for the sale of alcoholic liquor on the premises at 31 S MAIN ST EAST WINDSOR CT 06088-9744. The business will be owned by ROBERTO'S OF CT LLC. Entertainment will consist of: ACOUSTICS (NOT AMPLIFIED) Objections must be filed by: 12/24/2015.

11/13/2015
WILFNER QUIJANO

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JOB
WORKING AGAINST
YOU?**

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Application Checklist

Instructions:

1. Complete the following checklist and **submit** as the first page of the CON application:
 - Attached is a paginated hard copy of the CON application (all social security numbers must be redacted), including a completed affidavit, signed and notarized by the appropriate individuals.
 - (*New*). A completed supplemental application form specific to the proposal type, available on OHCA's website under [OHCA Forms](#) (see previous page for the list of supplemental forms).
 - Attached is the CON application filing fee in the form of a check made out to the "Treasurer State of Connecticut" in the amount of \$500.
 - Attached is evidence demonstrating that public notice has been published in a suitable newspaper that relates to the location of the proposal, 3 days in a row, at least 20 days prior to the submission of the CON application to OHCA. (OHCA requests that the Applicant fax a courtesy copy to OHCA (860) 418-7053, at the time of the publication)
 - Attached is a completed Financial Worksheet (A, B or C) available at OHCA's website under [OHCA Forms](#).
 - Submission includes one (1) original and four (4) hard copies with each set placed in 3-ring binders.
 - The following have been submitted on a CD:
 1. A scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format; and
 2. An electronic copy of the completed application forms in **MS Word** (the applications) and **MS Excel** (Financial Worksheet)

For OHCA Use Only:

Docket No.: 15-32049 Check No.: 04-40445219
 OHCA Verified by: SC Date: 12/8/15

General Information

Name of Applicant:

John Dempsey Hospital

Name of Co-Applicant:

Connecticut Statute Reference:

C.G.S. Section 19a-638 (a) (10)

| | | | | | |
|-----------|-----------------------|----------------------|------------------|-----------------------|--|
| Main Site | MAIN SITE | MEDICAID PROVIDER ID | TYPE OF FACILITY | MAIN SITE NAME | |
| | | 4041968, 4025250 | Hospital | John Dempsey Hospital | |
| | STREET & NUMBER | | | | |
| | 263 Farmington Avenue | | | | |
| | TOWN | | | ZIP CODE | |
| | Farmington, CT | | | 06030 | |

| | | | | | |
|--------------|-----------------------|----------------------|------------------|-----------------------|--|
| Project Site | PROJECT SITE | MEDICAID PROVIDER ID | TYPE OF FACILITY | PROJECT SITE NAME | |
| | | 4041968, 4025250 | Hospital | John Dempsey Hospital | |
| | STREET & NUMBER | | | | |
| | 263 Farmington Avenue | | | | |
| | TOWN | | | ZIP CODE | |
| | Farmington, CT | | | 06030 | |

| | | | | | |
|----------|------------------------------|------------------|---|----------|--|
| Operator | OPERATING CERTIFICATE NUMBER | TYPE OF FACILITY | LEGAL ENTITY THAT WILL OPERATE OF THE FACILITY (or proposed operator) | | |
| | | Hospital | John Dempsey Hospital | | |
| | STREET & NUMBER | | | | |
| | 263 Farmington Avenue | | | | |
| | TOWN | | | ZIP CODE | |
| | Farmington, CT | | | 06030 | |

| | | | | | | |
|-----------------|-----------------------|--|-------------------------|--|----------|--|
| Chief Executive | NAME | | TITLE | | | |
| | Anne Diamond | | Chief Executive Officer | | | |
| | STREET & NUMBER | | | | | |
| | 263 Farmington Avenue | | | | | |
| | TOWN | | | STATE | ZIP CODE | |
| | Farmington | | | CT | 06030 | |
| | TELEPHONE | | FAX | E-MAIL ADDRESS | | |
| | 860-679-2213 | | | diamond@uchc.edu | | |

Title of Attachment:

| | | |
|--|---|-------------------------------|
| Is the applicant an existing facility? If yes, attach a copy of the resolution of partners, corporate directors, or LLC managers, as the case may be, authorizing the project. | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | Please refer to Attachment 1 |
| Does the Applicant have non-profit status? If yes, attach documentation. | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| Identify the Applicant's ownership type. | PC <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> | Other: <u>State Agency</u> |
| Applicant's Fiscal Year (mm/dd) | Start: 7/01/2015 | End: 6/30/2016 |

Contact:

Identify a single person that will act as the contact between OHCA and the Applicant.

| | | | |
|---------------------------|-----------------------|-------|--|
| Contact Information | NAME | | TITLE |
| | James Thibeault | | Director, Strategy and Business Development |
| | STREET & NUMBER | | |
| | 263 Farmington Avenue | | |
| | TOWN | STATE | ZIP CODE |
| | Farmington | CT | 06030 |
| | TELEPHONE | FAX | E-MAIL ADDRESS |
| | (860) 679-8780 | | jthibeault@uchc.edu |
| RELATIONSHIP TO APPLICANT | | | |

Identify the person primarily responsible for preparation of the application (optional):

| | | | |
|---------------------------|-----------------------|-------|--|
| Prepared by | NAME | | TITLE |
| | Monte Giannini | | Strategic Planner |
| | STREET & NUMBER | | |
| | 263 Farmington Avenue | | |
| | TOWN | STATE | ZIP CODE |
| | Farmington | CT | 06030 |
| | TELEPHONE | FAX | E-MAIL ADDRESS |
| | (860) 679-3707 | | giannini@uchc.edu |
| RELATIONSHIP TO APPLICANT | | | |

Affidavit

Applicant: John Dempsey Hospital

Project Title: Use of Temporary Mobile MRI Scanner

I, Anne Diamond, CEO
(Name) (Position – CEO or CFO)

of John Dempsey Hospital being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Anne Diamond
Signature

December 3, 2015
Date

Subscribed and sworn to before me on December 3, 2015

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: 

Executive Summary

The purpose of the Executive Summary is to give the reviewer a conceptual understanding of the proposal. In the space below, provide a succinct overview of your proposal (this may be done in bullet format). Summarize the key elements of the proposed project. Details should be provided in the appropriate sections of the application that follow.

John Dempsey Hospital is constructing a new patient tower that is expected to be completed in the Spring of 2016.

The Hospital operates two MRIs. One unit is located on the main level of the existing hospital tower and is adjacent to the Emergency Department ("Main Campus MRI"); the second unit is a mobile MRI and is located at 230 Farmington Avenue, across the street from the Main Campus.

- The Hospital is planning to relocate the Main Campus MRI from its current location to the new hospital tower. To do so, the Main Campus MRI must be shut down, disassembled, and transported to the new hospital tower.
- The relocation of the Main Campus MRI is expected to begin on or about January 4, 2016 and be completed on or about June 30, 2016.
- During this interval, John Dempsey Hospital is proposing to lease a mobile MRI from Insight Health Corp.
- Once the Main Campus MRI is relocated and ready to be placed back into service, the temporary mobile MRI will be removed.

Pursuant to Section 19a-639 of the Connecticut General Statutes, the Office of Health Care Access is required to consider specific criteria and principles when reviewing a Certificate of Need application. Text marked with a “§” indicates it is actual text from the statute and may be helpful when responding to prompts.

Project Description

1. **Provide a detailed narrative describing the proposal. Explain how the Applicant(s) determined the necessity for the proposal and discuss the benefits for each Applicant separately (if multiple Applicants). Include all key elements, including the parties involved, what the proposal will entail, the equipment/service location(s), the geographic area the proposal will serve, the implementation timeline and why the proposal is needed in the community.**

As part of the Bioscience Connecticut initiative that was approved by the Connecticut legislature in June 2011, and signed into law by Governor Dannel Malloy in July 2012, a new patient care tower is currently being constructed on the campus of John Dempsey Hospital. The new hospital tower, which is expected to be completed in the Spring of 2016, will consist of 11 floors, 169 inpatient beds, and key patient areas including the emergency department, surgery suite, MRI suite, renal dialysis, respiratory therapy, inpatient rehab (orthopedics, rehab gym and workspace), clinical support, and patient education space.

John Dempsey Hospital currently has two MRIs. One unit is located on the main level of the existing hospital tower and is adjacent to the Emergency Department (“Main Campus MRI”); the second unit is a mobile MRI and is located at 230 Farmington Avenue, across the street from the the main hospital campus.

John Dempsey is planning to relocate the Main Campus MRI, which is a Siemens Avanto 1.5T, from the current area to the new hospital tower. To do this, the unit will need to be shut down, disassembled and transported to the new hospital tower. With construction, physicist acceptance testing, and ramp up time all significant factors, the process of relocating the Main Campus MRI is estimated to begin on or about January 4, 2016 with completion on or about June 30, 2016.

During this interval, John Dempsey Hospital will require the utilization of an interim mobile MRI. The interim mobile MRI will be rented from Insight Health Corp at a cost of \$48,250 per month and will be located in an area adjacent to the current hospital building. Patient access to the interim MRI will be through an enclosed, sealed, and weatherproofed environment designed for maximum comfort to both inpatients and outpatients.

Due to the uncertainty of time required to relocate the Main Campus MRI, and to obtain the certificate of occupancy permit for the new hospital tower, John Dempsey Hospital estimates the interim mobile MRI will be required for approximately 6 months. Once the process is completed and the unit is ready to be placed back into service, the temporary mobile MRI will no longer be required and will be removed by Insight Health Corp.

2. **Provide the history and timeline of the proposal (i.e., When did discussions begin internally or between Applicant(s)? What have the Applicant(s) accomplished so**

far?).

As part of the Bioscience Connecticut initiative that was approved by the Connecticut legislature in June 2011, and signed into law by Governor Dannel Malloy in July 2012, a new patient care tower is currently being constructed on the campus of John Dempsey Hospital. The new hospital tower, which is expected to be completed in the Spring of 2016, will consist of 11 floors, 169 inpatient beds, and key patient areas including an MRI suite, renal dialysis, respiratory therapy, inpatient rehab (orthopedics, rehab gym and workspace), clinical support, and patient education space.

3. Provide the following information:

- a. utilizing [OHCA Table 1](#), list all services to be added, terminated or modified, their physical location (street address, town and zip code), the population to be served and the existing/proposed days/hours of operation;

Please refer to OHCA Table 1.

- b. identify in [OHCA Table 2](#) the service area towns and the reason for their inclusion (e.g., provider availability, increased/decreased patient demand for service, market share);

Please refer to OHCA Table 2.

4. List the health care facility license(s) that will be needed to implement the proposal;

No additional facility license will be needed to implement this project.

5. Submit the following information as attachments to the application:

- a. a copy of all State of Connecticut, Department of Public Health license(s) currently held by the Applicant(s);

Please refer to Attachment 2.

- b. a list of all key professional, administrative, clinical and direct service personnel related to the proposal and attach a copy of their Curriculum Vitae;

Please refer to Attachment 3.

- c. copies of any scholarly articles, studies or reports that support the need to establish the proposed service, along with a brief explanation regarding the relevance of the selected articles;

Not applicable because this is an existing service.

d. **letters of support for the proposal;**

Please refer to Attachment 4.

e. **the protocols or the Standard of Practice Guidelines that will be utilized in relation to the proposal. Attach copies of relevant sections and briefly describe how the Applicant proposes to meet the protocols or guidelines.**

Please refer to Attachment 5 for a copy of the American College of Radiology (ACR) Standards of Practice Guidelines for MRI. John Dempsey incorporates all of the ACR standards and guidelines in its policies and procedures.

f. **copies of agreements (e.g., memorandum of understanding, transfer agreement, operating agreement) related to the proposal. If a final signed version is not available, provide a draft with an estimated date by which the final agreement will be available.**

Please refer to Attachment 6.

Public Need and Access to Care

§ *“Whether the proposed project is consistent with any applicable policies and standards adopted in regulations by the Department of Public Health;” (Conn.Gen.Stat. § 19a-639(a)(1))*

6. **Describe how the proposed project is consistent with any applicable policies and standards in regulations adopted by the Connecticut Department of Public Health.**

This proposal is consistent with the policies and standards adopted in regulations by the Connecticut Department of Public Health because the need for the equipment is based on current volume at John Dempsey Hospital. In FY 15, the Hospital performed 7,504 scans on its two existing units, which is 94% capacity based on the current OHCA regulations that recommend a capacity of 4,000 scans annually per unit.

§ *“The relationship of the proposed project to the statewide health care facilities and services plan;” (Conn.Gen.Stat. § 19a-639(a)(2))*

7. **Describe how the proposed project aligns with the Connecticut Department of Public Health Statewide Health Care Facilities and Services Plan, available on [OHCA's website](#).**

The proposal aligns with the Connecticut Department of Public Health Statewide Health Care Facilities and Services Plan for several reasons. In this application, John Dempsey has:

- identified the primary service area;

- identified the existing providers of MRI services and their capacity;
- explained that the proposal will have no impact on the existing providers;
- provided actual and proposed hours of operation for services;
- provided 3 years of projected utilization, with reasonable assumptions on MRI scan volume and capacity; and
- demonstrated need.

§ *“Whether there is a clear public need for the health care facility or services proposed by the applicant;” (Conn.Gen.Stat. § 19a-639(a)(3))*

8. With respect to the proposal, provide evidence and documentation to support clear public need:

a. identify the target patient population to be served;

The proposal is designed to serve the current Hospital population of patients requiring MRI services.

b. discuss how the target patient population is currently being served;

The target population is currently being serviced by two existing MRI units. The mobile unit at 230 Farmington Avenue services the outpatient population. The Main Campus MRI, which will be disassembled and transported to the new Patient Tower, serves all of the inpatient population and about 60% of John Dempsey’s outpatient population.

c. document the need for the equipment and/or service in the community;

The need for the equipment is based on current volume (FY 15) of 7,504 scans performed by John Dempsey’s two existing units, which is 94% capacity based on the current OHCA regulations that recommend a capacity of 4,000 scans annually per unit. The proposal is designed to serve the current need for services.

d. explain why the location of the facility or service was chosen;

The decision to relocate the Main Campus MRI to the new hospital tower was based on the need to be in close proximity to both inpatients in need of MRI services as well to the Emergency Department.

e. provide incidence, prevalence or other demographic data that demonstrates community need;

As demonstrated in the table below, the 2010 Census reported the overall population in John Dempsey’s service area was 942,652.

Population by Service Area Town

source: US Census 2010

| Service Area | Town | 2000 Census | 2010 Census | Growth | % Growth |
|---------------------------|---------------|----------------|----------------|---------------|-------------|
| Primary Service Area | Avon | 15,832 | 18,098 | 2,266 | 14.3% |
| | Bloomfield | 19,587 | 20,486 | 899 | 4.6% |
| | Burlington | 8,190 | 9,301 | 1,111 | 13.6% |
| | Canton | 8,840 | 10,292 | 1,452 | 16.4% |
| | East Hartford | 49,575 | 51,252 | 1,677 | 3.4% |
| | Farmington | 23,641 | 25,340 | 1,699 | 7.2% |
| | Granby | 10,347 | 11,282 | 935 | 9.0% |
| | Hartford | 121,578 | 124,775 | 3,197 | 2.6% |
| | New Britain | 71,538 | 73,206 | 1,668 | 2.3% |
| | Newington | 29,306 | 30,562 | 1,256 | 4.3% |
| | Simsbury | 23,234 | 23,511 | 277 | 1.2% |
| | West Hartford | 63,589 | 63,268 | -321 | -0.5% |
| Total Primary | | 445,257 | 461,373 | 16,116 | 3.6% |
| Secondary Service Area | Barkhamsted | 3,494 | 3,799 | 305 | 8.7% |
| | Berlin | 18,215 | 19,866 | 1,651 | 9.1% |
| | Bristol | 60,062 | 60,477 | 415 | 0.7% |
| | Cromwell | 12,871 | 14,005 | 1,134 | 8.8% |
| | East Granby | 4,745 | 5,148 | 403 | 8.5% |
| | East Windsor | 9,818 | 11,162 | 1,344 | 13.7% |
| | Glastonbury | 31,876 | 34,427 | 2,551 | 8.0% |
| | Hartland | 2,012 | 2,114 | 102 | 5.1% |
| | Harwinton | 5,283 | 5,642 | 359 | 6.8% |
| | Litchfield | 8,316 | 8,466 | 150 | 1.8% |
| | Manchester | 54,740 | 58,241 | 3,501 | 6.4% |
| | New Hartford | 6,088 | 6,970 | 882 | 14.5% |
| | Plainville | 17,328 | 17,716 | 388 | 2.2% |
| | Plymouth | 11,634 | 12,243 | 609 | 5.2% |
| | Rocky Hill | 17,966 | 19,709 | 1,743 | 9.7% |
| | South Windsor | 24,412 | 25,709 | 1,297 | 5.3% |
| | Southington | 39,728 | 43,069 | 3,341 | 8.4% |
| | Torrington | 35,202 | 36,383 | 1,181 | 3.4% |
| | Vernon | 28,063 | 29,179 | 1,116 | 4.0% |
| | Wethersfield | 26,271 | 26,668 | 397 | 1.5% |
| Winchester | 10,664 | 11,242 | 578 | 5.4% | |
| Windsor | 28,237 | 29,044 | 807 | 2.9% | |
| Total Secondary | | 457,025 | 481,279 | 24,254 | 5.3% |
| Total Service Area | | 902,282 | 942,652 | 40,370 | 4.5% |

The community need for this proposal is demonstrated in OHCA Table 8. This table shows that 4,112 MRI scans were for patients residing in the Hospital's primary service area, while another 2,067 scans were for patients residing in the Hospital's secondary service area. Fully, 86% of John Dempsey's inpatient discharges in FY 2015 resided in its primary and secondary service areas.

- f. **discuss how low income persons, racial and ethnic minorities, disabled persons and other underserved groups will benefit from this proposal;**

To the extent that underserved groups receive health care services from John Dempsey Hospital and the physicians associated with UConn Health, this proposal will benefit the underserved because they will be able to continue to receive MRI services on the campus of John Dempsey Hospital. In FY 15, 29.1% of the MRI scans performed at the Hospital were Medicaid patients (Please refer to OHCA Table 7). In addition, if we also include Medicare (26.7%), CHAMPUS and TriCare (1.1%), and the Uninsured (0.2%) patients, then about 57.1% of MRI scans at the Hospital in FY 15 were for Government and Uninsured patients.

- g. **list any changes to the clinical services offered by the Applicant(s) and explain why the change was necessary;**

There will be no changes to the clinical services offered by John Dempsey Hospital.

- h. **explain how access to care will be affected;**

Access to care will not be affected by this proposal. John Dempsey will continue to serve its existing patient population.

- i. **discuss any alternative proposals that were considered.**

The Hospital did not consider any alternative proposals because the MRI suite was always intended to be located in the new hospital tower -- to be in close proximity to inpatients in need of MRI services -- as well as the relocated Emergency Department.

§ "Whether the applicant has satisfactorily demonstrated how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region, including, but not limited to, (A) provision of or any change in the access to services for Medicaid recipients and indigent persons; (Conn.Gen.Stat. § 19a-639(a)(5))"

9. Describe how the proposal will:

- a. **improve the quality of health care in the region;**

The proposal is designed to maintain the existing quality, accessibility and cost effectiveness of health care delivery in the region by temporarily providing MRI services at John Dempsey Hospital while the Main Campus MRI is relocated.

b. improve accessibility of health care in the region; and

Please see response to 9a above.

c. improve the cost effectiveness of health care delivery in the region.

Please see response to 9a above.

10. How will this proposal help improve the coordination of patient care (explain in detail regardless of whether your answer is in the negative or affirmative)?

As stated in 9a above, the proposal is designed to maintain existing services at John Dempsey Hospital and, as such, will not necessarily improve the coordination of patient care. The proposal is designed to preserve the existing coordination of care.

11. Describe how this proposal will impact access to care for Medicaid recipients and indigent persons.

The proposal will have no impact on current Medicaid recipients and indigent persons. As presented in OHCA Table 7, about 29.1% of Hospital's scans in FY 15 were Medicaid recipients. This is not expected to change.

12. Provide a copy of the Applicant's charity care policy and sliding fee scale applicable to the proposal.

Please refer to Attachment 7 for the Hospital's Charity Care Policy.

§ "Whether an applicant, who has failed to provide or reduced access to services by Medicaid recipients or indigent persons, has demonstrated good cause for doing so, which shall not be demonstrated solely on the basis of differences in reimbursement rates between Medicaid and other health care payers;"
(Conn.Gen.Stat. § 19a-639(a)(10))

13. If the proposal fails to provide or reduces access to services by Medicaid recipients or indigent persons, provide explanation of good cause for doing so.

As stated in the response to Question 11 above, about 29.1% of the Hospital's MRI scans were Medicaid recipients in FY 15 and this is not expected to change.

§ “Whether the applicant has satisfactorily demonstrated that any consolidation resulting from the proposal will not adversely affect health care costs or accessibility to care.” (Conn.Gen.Stat. § 19a-639(a)(12))

- 14. Will the proposal adversely affect patient health care costs in any way? Quantify and provide the rationale for any changes in price structure that will result from this proposal, including, but not limited to, the addition of any imposed facility fees.**

The proposal will not adversely affect patient health care costs. There will be no change in the price structure with this proposal, and no additional facility fees will be imposed.

Financial Information

§ “Whether the applicant has satisfactorily demonstrated how the proposal will impact the financial strength of the health care system in the state or that the proposal is financially feasible for the applicant;” (Conn.Gen.Stat. § 19a-639(a)(4))

15. Describe the impact of this proposal on the financial strength of the state’s health care system or demonstrate that the proposal is financially feasible for the applicant.

John Dempsey Hospital believes this proposal will have no impact on the financial strength of the state’s health care system. The proposal is a temporary replacement while the existing unit is unavailable.

16. Provide a final version of all capital expenditure/costs for the proposal using [OHCA Table 3](#).

Please refer to OHCA Table 3.

17. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges and funds received to date; letter of interest or approval from a lending institution.

John Dempsey Hospital will fund the entire proposal (\$294,350) as part of the project to construct the new Hospital Tower.

18. Include as an attachment:

- a. audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, provide other financial documentation (e.g., unaudited balance sheet, statement of operations, tax return, or other set of books). Connecticut hospitals required to submit annual audited financial statements may reference that filing, if current;

Please refer to the current audited financial statements (FY 14) on file with OHCA.

- b. completed Financial Worksheet A (non-profit entity), B (for-profit entity) or C (§19a-486a sale), available on OHCA’s website under [OHCA Forms](#), providing a summary of revenue, expense, and volume statistics, “without the CON project,” “incremental to the CON project,” and “with the CON project.” Note: the actual results reported in the Financial Worksheet must match the audited financial statement that was submitted or referenced.

Please refer to the completed Financial Worksheet A.

18. Complete OHCA Table 4 utilizing the information reported in the attached Financial Worksheet.

Please refer to OHCA Table 4.

19. Explain all assumptions used in developing the financial projections reported in the Financial Worksheet.

- The FY 2016 Projected Operating Revenue and Expense are based on John Dempsey Hospital's budgeted FY 2016 Operating Statement.
- The Hospital assumes there will be no increased revenues and only a six month lease expense of \$294,350 in FY 2016 for the MRI.
- Charity Care (Line 3) is included in Allowances (Line 2).
- The Hospital assumes annual growth of 3% in both expenses and revenues for fiscal years 2017, 2018, and 2019.

20. Explain any projected incremental losses from operations resulting from the implementation of the CON proposal.

As a result of the proposal, John Dempsey projects an incremental loss of \$294,350 in FY 2016. This is due to the lease expense related to the proposed MRI.

21. Indicate the minimum number of units required to show an incremental gain from operations for each projected fiscal year.

John Dempsey projects no incremental gain from operations for any of the projected fiscal years.

Utilization

§ "The applicant's past and proposed provision of health care services to relevant patient populations and payer mix, including, but not limited to, access to services by Medicaid recipients and indigent persons;" (Conn.Gen.Stat. § 19a-639(a)(6))

21. Complete [OHCA Table 5](#) and [OHCA Table 6](#) for the past three fiscal years ("FY"), current fiscal year ("CFY") and first three projected FYs of the proposal, for each of the Applicant's existing and/or proposed services. Report the units by service, service type or service level.

Please refer to OHCA Tables 5 and 6.

22. Provide a detailed explanation of all assumptions used in the derivation/ calculation of the projected service volume; explain any increases and/or decreases in volume reported in OHCA Table 5 and 6.

The projected service volume in OHCA Tables 5 and 6 are based on the actual and projected MRI volume for the period FY 2012 to FY 2019 exhibited in the table immediately below. Further below, the assumptions and explanations for volume increases and decreases are also shown.

Actual and Projected Volume, FY 2012 to FY 2019

| | FY | Inpatient | Outpatient | Total | Change |
|-----------|------|-----------|------------|-------|--------|
| actual | 2012 | 774 | 6,761 | 7,535 | |
| actual | 2013 | 854 | 7,247 | 8,101 | 566 |
| actual | 2014 | 853 | 6,027 | 6,880 | -1,221 |
| actual | 2015 | 1,124 | 6,380 | 7,504 | 624 |
| projected | 2016 | 1,135 | 6,444 | 7,579 | 75 |
| projected | 2017 | 1,147 | 6,508 | 7,655 | 76 |
| projected | 2018 | 1,158 | 6,573 | 7,731 | 77 |
| projected | 2019 | 1,170 | 6,639 | 7,809 | 77 |

Assumptions / Explanations

- FY 2014 volume decreased because the Hospital had only one MRI in operation from September 2013 to January 2014, causing a large reduction in Outpatient MRI volume during this period.
- FY 2015 inpatient volume increased due to additional Neurology faculty on staff, which led to an increase in Inpatient neurology consults and additional MRI referrals.

- The Hospital assumes its proposal to install a temporary mobile MRI will preserve the projected overall FY 2016 budgeted volume of 1,135 inpatient scans and 6,444 outpatient scans because it will enable the Hospital to keep two MRI units in operation during the entire fiscal year.
- In FY 2016 and beyond, the John Dempsey expects both inpatient and outpatient volume to grow 1% annually due to the expanded Neurology faculty and also because the Hospital recently became a Certified Stroke Center. These clinical services are primary MRI referral sources.

23. Provide the current and projected patient population mix (number and percentage of patients by payer) for the proposal using [OHCA Table 7](#) and provide all assumptions. Note: payer mix should be calculated from patient volumes, not patient revenues.

Please refer to OHCA Table 7.

§ *“Whether the applicant has satisfactorily identified the population to be served by the proposed project and satisfactorily demonstrated that the identified population has a need for the proposed services;” (Conn.Gen.Stat. § 19a-639(a)(7))*

24. Describe the population (as identified in question 8(a)) by gender, age groups or persons with a specific condition or disorder and provide evidence (i.e., incidence, prevalence or other demographic data) that demonstrates a need for the proposed service or proposal. Please note: if population estimates or other demographic data are submitted, provide only publicly available and verifiable information (e.g., U.S. Census Bureau, Department of Public Health, CT State Data Center) and document the source.

Please refer to the service area population table presented in response to question number 8e above.

25. Using [OHCA Table 8](#), provide a breakdown of utilization by town for the most recently completed fiscal year. Utilization may be reported as number of persons, visits, scans or other unit appropriate for the information being reported.

Please refer to OHCA Table 8.

§ *“The utilization of existing health care facilities and health care services in the service area of the applicant;” (Conn.Gen.Stat. § 19a-639(a)(8))*

26. Using [OHCA Table 9](#), identify all existing providers in the service area and, as available, list the services provided, population served, facility ID (see table footnote), address, hours/days of operation and current utilization of the facility. Include

providers in the towns served or proposed to be served by the Applicant, as well as providers in towns contiguous to the service area.

Please refer to OHCA Table 9.

27. Describe the effect of the proposal on these existing providers.

Because the proposal is designed to accommodate the MRI needs of the Hospital's current population, this proposal will have no impact on existing providers.

28. Describe the existing referral patterns in the area served by the proposal.

Currently, the Main Campus MRI serves all of the inpatient MRI referrals ordered by the Hospital's attending physicians. Outpatient referrals are primarily ordered by physicians associated with the UConn Medical Group, the faculty practice of UConn Health.

29. Explain how current referral patterns will be affected by the proposal.

This proposal will have no impact on the current referral patterns.

**§ "Whether the applicant has satisfactorily demonstrated that the proposed project shall not result in an unnecessary duplication of existing or approved health care services or facilities;"
(Conn.Gen.Stat. § 19a-639(a)(9))**

30. If applicable, explain why approval of the proposal will not result in an unnecessary duplication of services.

The proposal will not result in any unnecessary duplication of existing or approved health care services because the proposed MRI will only be in service temporarily while the Main Campus MRI is non-operational. The proposal is designed to maintain the current level of services. Once the Main Campus MRI is ready to resume operations, the temporary Unit will be returned to the vendor.

**§ "Whether the applicant has satisfactorily demonstrated that the proposal will not negatively impact the diversity of health care providers and patient choice in the geographic region;"
(Conn.Gen.Stat. § 19a-639(a)(11))**

31. Explain in detail how the proposal will impact (i.e., positive, negative or no impact) the diversity of health care providers and patient choice in the geographic region.

The proposal will have no impact on the diversity of health care providers and patient choice in the geographic region. The proposal is designed to maintain the current status quo of providers and patient choice for the patients of John Dempsey Hospital.

Tables

**TABLE 1
APPLICANT'S SERVICES AND SERVICE LOCATIONS**

| Service | Street Address, Town | Population Served | Days/Hours of Operation | New Service or Proposed Termination |
|-----------------------------|-----------------------|--------------------------|----------------------------------|--|
| Siemens Espree 1.5T, Mobile | 263 Farmington Avenue | Inpatient and outpatient | Sunday to Saturday, 24 hours/day | Proposed temporary unit |
| Siemens Avanto 1.5T, Fixed | 263 Farmington Avenue | Inpatient and outpatient | Sunday to Saturday, 24 hours/day | Main Campus MRI will be disassembled and relocated to new hospital tower |
| Siemens Avanto 1.5T, Mobile | 230 Farmington Avenue | Outpatient | 6:30 a.m to 6:30 p.m | No change |

**TABLE 2
SERVICE AREA TOWNS**

List the official name of town* and provide the reason for inclusion.

| Town* | Reason for Inclusion |
|---|--|
| <p>Primary Service Area Towns (PSA): Avon, Bloomfield, Canton, Farmington, Simsbury, West Hartford, Bloomfield, East Hartford, Granby, Hartford, New Britain, Newington</p> | <p>The towns listed on the left are traditionally identified as the Primary Service Area because John Dempsey Hospital typically draws about 60% of its inpatient discharges from these towns.</p> |
| <p>Secondary Service Area Towns (SSA): Barkhamsted, Berlin, Bristol, Cromwell, East Granby, East Windsor, Glastonbury, Hartland, Harwinton, Litchfield, Manchester, New Hartford, Plainville, Plymouth, Rocky Hill, South Windsor, Southington, Vernon, Wethersfield, Winchester, Windsor</p> | <p>Historically, about 25% of Dempsey's discharges reside in the SSA towns on the left.</p> |

* Village or place names are not acceptable.

**TABLE 3
TOTAL PROPOSAL CAPITAL EXPENDITURE**

| Purchase/Lease | Cost |
|---|------------------|
| Equipment (Medical, Non-medical, Imaging) | |
| Land/Building Purchase* | |
| Construction/Renovation** | |
| Other (MRI relocation) | |
| Total Capital Expenditure (TCE) | |
| Lease (Medical, Non-medical, Imaging)*** | \$294,350 |
| Total Lease Cost (TLC) | \$294,350 |
| Total Project Cost (TCE+TLC) | \$294,350 |

* If the proposal involves a land/building purchase, attach a real estate property appraisal including the amount; the useful life of the building; and a schedule of depreciation.

** If the proposal involves construction/renovations, attach a description of the proposed building work, including the gross square feet; existing and proposed floor plans; commencement date for the construction/ renovation; completion date of the construction/renovation; and commencement of operations date.

*** If the proposal involves a capital or operating equipment lease and/or purchase, attach a vendor quote or invoice; schedule of depreciation; useful life of the equipment; and anticipated residual value at the end of the lease or loan term.

**TABLE 4
PROJECTED INCREMENTAL REVENUES AND EXPENSES**

| | FY 20__* | FY 20__* | FY 20__* |
|----------------------------------|--------------------|----------|----------|
| Revenue from Operations | \$0 | \$0 | \$0 |
| Total Operating Expenses | \$294,350 | 0 | 0 |
| Gain/Loss from Operations | (\$294.350) | \$0 | \$0 |

* Fill in years using those reported in the Financial Worksheet attached.

**TABLE 5
HISTORICAL UTILIZATION BY SERVICE**

Actual Volume
Last three Completed Fiscal Years

| Type | FY 2013 | FY 2014 | FY 2015 |
|-------------------|---------|---------|---------|
| Abdomen | 233 | 259 | 320 |
| Cervical | 2,289 | 1,869 | 2,039 |
| Chest | 242 | 208 | 216 |
| Head and Neck | 2,470 | 2,347 | 2,699 |
| Lower Extremities | 1,516 | 1,160 | 1,241 |
| Pelvis | 196 | 177 | 208 |
| Upper Extremities | 1,044 | 747 | 655 |
| Other | 111 | 113 | 126 |
| Grand Total | 8,101 | 6,880 | 7,504 |

- * For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than 6 months, report actual volume and identify the period covered.
- ** Identify each service type and level adding lines as necessary. Provide the number of visits or discharges as appropriate for each service type and level listed.
- *** Fill in years. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

**TABLE 6
PROJECTED UTILIZATION BY SERVICE**

Projected Volume

| Type | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|-------------------|---------|---------|---------|---------|
| Abdomen | 323 | 326 | 330 | 333 |
| Cervical | 2,059 | 2,080 | 2,101 | 2,122 |
| Chest | 218 | 220 | 223 | 225 |
| Head and Neck | 2,726 | 2,753 | 2,781 | 2,809 |
| Lower Extremities | 1,253 | 1,266 | 1,279 | 1,291 |
| Pelvis | 210 | 212 | 214 | 216 |
| Upper Extremities | 662 | 668 | 675 | 682 |
| Other | 127 | 129 | 130 | 131 |
| Grand Total | 7,579 | 7,655 | 7,731 | 7,809 |

- * Identify each service type by location and add lines as necessary. Provide the number of visits/discharges as appropriate for each service listed.
- ** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

**TABLE 7
APPLICANT'S CURRENT & PROJECTED PAYER MIX**

| Payer | Current FY 2015** | | Projected | | | | | |
|----------------------------------|----------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | | | FY 2016** | | FY 2017** | | FY 2018** | |
| | Volume | % | Volume | % | Volume | % | Volume | % |
| Medicare* | 2,006 | 26.7% | 2,026 | 26.7% | 2,046 | 26.7% | 2,066 | 26.7% |
| Medicaid* | 2,187 | 29.1% | 2,209 | 29.1% | 2,231 | 29.1% | 2,253 | 29.1% |
| CHAMPUS & TriCare | 79 | 1.1% | 80 | 1.1% | 81 | 1.1% | 82 | 1.1% |
| Total Government | 4,272 | 56.9% | 4,315 | 56.9% | 4,358 | 56.9% | 4,401 | 56.9% |
| Commercial Insurers | 3,134 | 41.8% | 3,165 | 41.8% | 3,197 | 41.8% | 3,229 | 41.8% |
| Uninsured | 12 | 0.2% | 12 | 0.2% | 12 | 0.2% | 12 | 0.2% |
| Workers Compensation | 86 | 1.1% | 87 | 1.1% | 88 | 1.1% | 89 | 1.1% |
| Total Non- Government | 3,232 | 43.1% | 3,264 | 43.1% | 3,297 | 43.1% | 3,330 | 43.1% |
| Total Payer Mix | 7,504 | 100% | 7,579 | 100% | 7,655 | 100% | 7,731 | 100% |

* Includes managed care activity.

** Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided. New programs may leave the "current" column blank.

**TABLE 8
UTILIZATION BY TOWN, FY 2015**

| Service Area | Town | Inpatient | Outpatient | Total |
|------------------------|----------------------|--------------|--------------|--------------|
| Primary | Farmington | 212 | 632 | 844 |
| | Hartford | 60 | 557 | 617 |
| | New Britain | 62 | 532 | 594 |
| | West Hartford | 117 | 476 | 593 |
| | East Hartford | 19 | 252 | 271 |
| | Avon | 69 | 196 | 265 |
| | Simsbury | 61 | 165 | 226 |
| | Newington | 37 | 182 | 219 |
| | Canton | 42 | 108 | 150 |
| | Bloomfield | 30 | 116 | 146 |
| | Burlington | 13 | 100 | 113 |
| | Granby | 20 | 54 | 74 |
| | Primary Total | | 742 | 3,370 |
| Secondary | Bristol | 50 | 392 | 442 |
| | Manchester | 17 | 169 | 186 |
| | Southington | 25 | 160 | 185 |
| | Plainville | 35 | 138 | 173 |
| | Torrington | 4 | 127 | 131 |
| | Windsor | 13 | 91 | 104 |
| | Berlin | 17 | 78 | 95 |
| | Wethersfield | 10 | 78 | 88 |
| | Rocky Hill | 24 | 56 | 80 |
| | Plymouth | 7 | 70 | 77 |
| | Glastonbury | 5 | 69 | 74 |
| | Vernon | 7 | 62 | 69 |
| | Winchester | 9 | 59 | 68 |
| | New Hartford | 1 | 54 | 55 |
| | South Windsor | 0 | 52 | 52 |
| | Harwinton | 8 | 36 | 44 |
| | Cromwell | 4 | 36 | 40 |
| | East Windsor | 0 | 30 | 30 |
| | Barkhamsted | 2 | 23 | 25 |
| | Litchfield | 0 | 22 | 22 |
| East Granby | 9 | 11 | 20 | |
| Hartland | 5 | 2 | 7 | |
| Secondary Total | | 252 | 1,815 | 2,067 |
| All Other | | 130 | 1,195 | 1,325 |
| Total | | 1,124 | 6,380 | 7,504 |

**TABLE 9
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS**

The table below represents MRI units of existing providers in John Dempsey's primary service area and contiguous towns of Farmington, Connecticut:

| Facility Name | Facility Address | City | Days of Operation | Hours of Operation | Number of Scans CY2013 | Owner Type |
|---|-----------------------|-------------|-------------------|--------------------|--------------------------|---|
| Bristol Hospital | 41 Brewster Road | Bristol | Sunday-Saturday | 24 hours | 2577 | HOSPITAL - BASED MRI LOCATIONS |
| Connecticut Children's Medical Center | 282 Washington Street | Hartford | Sunday - Saturday | 24 hours | 4117 | HOSPITAL - BASED MRI LOCATIONS |
| Hartford Hospital | 80 Seymour Street | Hartford | Sunday - Saturday | 24 hours | 10452 | HOSPITAL - BASED MRI LOCATIONS |
| Hartford Hospital | 80 Seymour Street | Hartford | Sunday - Saturday | 24 hours | Included in above number | HOSPITAL - BASED MRI LOCATIONS |
| Hartford Hospital | 80 Seymour Street | Hartford | Sunday - Saturday | 24 hours | 3420 | HOSPITAL - BASED MRI LOCATIONS |
| Hartford Hospital | 80 Seymour Street | Hartford | Sunday - Saturday | 24 hours | 2790 | HOSPITAL - BASED MRI LOCATIONS |
| New Britain MRI Limited Partnership (with Mandell & Blau, M.D.'s) | 100 Grand Street | New Britain | Monday-Friday | 6:30 AM - 11:00 PM | 8570 | HOSPITAL - BASED MRI LOCATIONS |
| New Britain MRI Limited Partnership (with Mandell & Blau, M.D.'s) | 100 Grand Street | New Britain | Saturday | 7:00 AM - 3:00 PM | Included in above number | HOSPITAL - BASED MRI LOCATIONS |
| New Britain MRI Limited Partnership (with Mandell & Blau, M.D.'s) | 100 Grand Street | New Britain | Monday-Friday | 6:30 AM - 11:00 PM | Included in above number | HOSPITAL - BASED MRI LOCATIONS |
| New Britain MRI Limited Partnership (with Mandell & Blau, M.D.'s) | 100 Grand Street | New Britain | Saturday | 7:00 AM - 3:00 PM | Included in above number | HOSPITAL - BASED MRI LOCATIONS |
| Saint Francis Hospital and Medical Center | 114 Woodland Street | Hartford | Sunday - Saturday | 24 hours | 7837 | HOSPITAL - BASED MRI LOCATIONS |
| Saint Francis Hospital and Medical Center | 114 Woodland Street | Hartford | Sunday - Saturday | 24 hours | 4511 | HOSPITAL - BASED MRI LOCATIONS |
| Saint Francis Hospital and Medical Center | 114 Woodland Street | Hartford | Sunday - Saturday | 24 hours | 215 | HOSPITAL - BASED MRI LOCATIONS |
| Saint Francis Hospital and Medical Center | 35 Nod Road | Avon | Monday - Friday | 8:00 AM - 5:00 PM | 1106 | HOSPITAL- OWNED SATELLITE MRI LOCATIONS |

| Facility Name | Facility Address | City | Days of Operation | Hours of Operation | Number of Scans CY2013 | Owner Type |
|--|------------------------|---------------|-----------------------------|--------------------|--------------------------|--|
| Saint Francis Hospital and Medical Center | 95 Woodland Street | Hartford | Tuesday, Wednesday & Friday | 8:00 AM - 4:30 PM | 520 ^s | HOSPITAL-OWNED SATELLITE MRI LOCATIONS |
| Connecticut Valley Radiology, PC | 701 Cottage Grove Road | Bloomfield | Monday & Wednesday | 8:30 AM - 7:00 PM | 1544 | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Connecticut Valley Radiology, PC | 701 Cottage Grove Road | Bloomfield | Tuesday, Thursday & Friday | 8:00 AM - 5:00 PM | Included in above number | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Connecticut Valley Radiology, PC | 19 Woodland Street | Hartford | Monday - Friday | 8:30 AM - 5:00 PM | 287 | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Grove Hill Medical Center | 300 Kensington Avenue | New Britain | Monday, Wednesday & Friday | 7:00 AM - 5:30 PM | 1956 | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Grove Hill Medical Center | 300 Kensington Avenue | New Britain | Tuesday & Thursday | 7:00 AM - 7:00 PM | Included in above number | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Grove Hill Medical Center | 300 Kensington Avenue | New Britain | Saturday | 8:00 AM - 12:00 PM | Included in above number | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Jefferson Radiology | 100 Simsbury Road | Avon | Monday - Friday | 7:00 AM - 5:00 PM | 2157 | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Jefferson Radiology | 100 Simsbury Road | Avon | Saturday | 8:30 AM - 5:00 PM | Same as above | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Jefferson Radiology | 6 Northwestern Drive | Bloomfield | Monday - Friday | 8:00 AM - 5:00 PM | 1821 | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Jefferson Radiology | 941 Farmington Avenue | West Hartford | Monday - Friday | 7:30 AM - 10:00 PM | 5334 | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Jefferson Radiology | 941 Farmington Avenue | West Hartford | Saturday | 7:00 AM - 4:30 PM | Included in above number | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Jefferson Radiology | 941 Farmington Avenue | West Hartford | Sunday | 8:30 AM - 4:30 PM | Included in above number | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Mandell & Blau, M.D.'s, P.C. d/b/a Imaging Center of West Hartford | 65 Memorial Road | West Hartford | Monday - Friday | 8:00 AM - 5:00 PM | 555 | NON-HOSPITAL MRI PROVIDER LOCATIONS |

| Facility Name | Facility Address | City | Days of Operation | Hours of Operation | Number of Scans CY2013 | Owner Type |
|---|----------------------|---------------|----------------------------|--------------------|--------------------------|-------------------------------------|
| Orthopedics Associates of Hartford d/b/a Orthopedic Associates MRI | 399 Farmington Ave | Farmington | Monday, Thursday | 12:00 PM-8:00 PM | 1508 | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Orthopedics Associates of Hartford d/b/a Orthopedic Associates MRI | 399 Farmington Ave | Farmington | Tuesday, Wednesday, Friday | 7:00 AM - 4:00 PM | Included in above number | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Orthopedics Associates of Hartford d/b/a Orthopedic Associates MRI | 399 Farmington Ave | Farmington | Saturday | 8:00 AM - 1:00 PM | Included in above number | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Radiologic Associates, PC d/b/a Farmington Imaging Center | 353 Scott Swamp Road | Farmington | Wednesday & Thursday | 8:00 AM - 4:30 PM | Not reported | NON-HOSPITAL MRI PROVIDER LOCATIONS |
| Diagnostic Imaging Services of CT, LLC d/b/a West Hartford Open MRI | 8 North Main Street | West Hartford | Monday - Friday | 8:00 AM - 5:00 PM | 949 | NON-HOSPITAL MRI PROVIDER LOCATIONS |

NON-PROFIT

Applicant: Please provide one year of actual results and three years of projections of **Total Entity** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

Financial Worksheet (A)

| LINE | Total Entity: Description | (1) | (2) | | (3) | | (4) | | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |
|---|--|-----------------------------|----------------------------------|------------------------------------|---------------------------------|----------------------------------|------------------------------------|---------------------------------|----------------------------------|------------------------------------|---------------------------------|----------------------------------|------------------------------------|---------------------------------|----------------------|------------|----------------------|
| | | FY2015 Actual Results | FY2016 Projected W/out CON | FY2016 Projected Incremental | FY2016 Projected With CON | FY2017 Projected W/out CON | FY2017 Projected Incremental | FY2017 Projected With CON | FY2018 Projected W/out CON | FY2018 Projected Incremental | FY2018 Projected With CON | FY2019 Projected W/out CON | FY2019 Projected Incremental | FY2019 Projected With CON | | | |
| A. OPERATING REVENUE | | | | | | | | | | | | | | | | | |
| 1 | Total Gross Patient Revenue | \$740,812,802 | \$803,637,482 | \$4,873,862 | \$808,511,344 | \$832,766,685 | | \$832,766,685 | \$857,749,685 | | \$857,749,685 | \$857,749,685 | | \$857,749,685 | \$883,482,176 | | \$883,482,176 |
| 2 | Less: Allowances | \$405,695,644 | \$453,284,953 | \$2,729,363 | \$456,014,316 | \$469,694,745 | | \$469,694,745 | \$483,785,588 | | \$483,785,588 | \$483,785,588 | | \$483,785,588 | \$498,299,155 | | \$498,299,155 |
| 3 | Less: Charity Care | | | | \$0 | | | \$0 | | | \$0 | | \$0 | | | | \$0 |
| 4 | Less: Other Deductions | | | | \$0 | | | \$0 | | | \$0 | | \$0 | | | | \$0 |
| | Net Patient Service Revenue | \$335,117,158 | \$350,352,529 | \$2,144,499 | \$352,497,028 | \$363,071,939 | \$0 | \$363,071,939 | \$373,964,097 | \$0 | \$373,964,097 | \$373,964,097 | \$0 | \$373,964,097 | \$385,183,020 | \$0 | \$385,183,020 |
| 5 | Medicare | \$89,476,281 | \$93,544,126 | \$572,581 | \$94,116,707 | \$96,940,208 | | \$96,940,208 | \$99,848,414 | | \$99,848,414 | \$99,848,414 | | \$99,848,414 | \$102,843,866 | | \$102,843,866 |
| 6 | Medicaid | \$97,519,093 | \$101,952,586 | \$624,049 | \$102,576,635 | \$105,653,934 | | \$105,653,934 | \$108,823,552 | | \$108,823,552 | \$108,823,552 | | \$108,823,552 | \$112,088,259 | | \$112,088,259 |
| 7 | CHAMPUS & TriCare | \$3,686,289 | \$3,853,878 | \$23,589 | \$3,877,467 | \$3,993,791 | | \$3,993,791 | \$4,113,605 | | \$4,113,605 | \$4,113,605 | | \$4,113,605 | \$4,237,013 | | \$4,237,013 |
| 8 | Other | | | | \$0 | | | \$0 | | | \$0 | | \$0 | | | | \$0 |
| | Total Government | \$190,681,663 | \$199,350,590 | \$1,220,219 | \$200,570,809 | \$206,587,933 | \$0 | \$206,587,933 | \$212,785,571 | \$0 | \$212,785,571 | \$212,785,571 | \$0 | \$212,785,571 | \$219,169,139 | \$0 | \$219,169,139 |
| 9 | Commercial Insurers | \$140,078,972 | \$146,447,357 | \$896,401 | \$147,343,758 | \$151,764,071 | | \$151,764,071 | \$156,316,993 | | \$156,316,993 | \$156,316,993 | | \$156,316,993 | \$161,006,502 | | \$161,006,502 |
| 10 | Uninsured | \$670,234 | \$700,705 | \$4,289 | \$704,994 | \$726,144 | | \$726,144 | \$747,928 | | \$747,928 | \$747,928 | | \$747,928 | \$770,366 | | \$770,366 |
| 11 | Self Pay | | | | \$0 | | | \$0 | | | \$0 | | \$0 | | | | \$0 |
| 12 | Workers Compensation | \$3,686,289 | \$3,853,878 | \$23,589 | \$3,877,467 | \$3,993,791 | | \$3,993,791 | \$4,113,605 | | \$4,113,605 | \$4,113,605 | | \$4,113,605 | \$4,237,013 | | \$4,237,013 |
| 13 | Other | | | | \$0 | | | \$0 | | | \$0 | | \$0 | | | | \$0 |
| | Total Non-Government | \$144,435,495 | \$151,001,940 | \$924,279 | \$151,926,219 | \$156,484,006 | \$0 | \$156,484,006 | \$161,178,526 | \$0 | \$161,178,526 | \$161,178,526 | \$0 | \$161,178,526 | \$166,013,882 | \$0 | \$166,013,882 |
| | Net Patient Service Revenue^a (Government+Non-Government) | \$335,117,158 | \$350,352,530 | \$2,144,498 | \$352,497,028 | \$363,071,939 | \$0 | \$363,071,939 | \$373,964,097 | \$0 | \$373,964,097 | \$373,964,097 | \$0 | \$373,964,097 | \$385,183,020 | \$0 | \$385,183,020 |
| 14 | Less: Provision for Bad Debts | \$9,405,021 | \$9,227,140 | \$60,185 | \$9,287,325 | \$9,565,945 | | \$9,565,945 | \$9,852,923 | | \$9,852,923 | \$9,852,923 | | \$9,852,923 | \$10,148,511 | | \$10,148,511 |
| | Net Patient Service Revenue less provision for bad debts | \$325,712,137 | \$341,125,389 | \$2,084,314 | \$343,209,703 | \$353,505,994 | \$0 | \$353,505,994 | \$364,111,174 | \$0 | \$364,111,174 | \$364,111,174 | \$0 | \$364,111,174 | \$375,034,509 | \$0 | \$375,034,509 |
| 15 | Other Operating Revenue | \$23,520,234 | \$26,377,489 | | \$26,377,489 | \$27,168,814 | | \$27,168,814 | \$27,983,878 | | \$27,983,878 | \$27,983,878 | | \$27,983,878 | \$28,823,394 | | \$28,823,394 |
| 17 | Net Assets Released from Restrictions | | | | \$0 | | | \$0 | | | \$0 | | \$0 | | | | \$0 |
| | TOTAL OPERATING REVENUE | \$349,232,371 | \$367,502,878 | \$2,084,314 | \$369,587,192 | \$380,674,808 | \$0 | \$380,674,808 | \$392,095,052 | \$0 | \$392,095,052 | \$392,095,052 | \$0 | \$392,095,052 | \$403,857,904 | \$0 | \$403,857,904 |
| B. OPERATING EXPENSES | | | | | | | | | | | | | | | | | |
| 1 | Salaries and Wages | \$107,310,852 | \$115,793,804 | | \$115,793,804 | \$119,267,618 | | \$119,267,618 | \$122,845,647 | | \$122,845,647 | \$122,845,647 | | \$122,845,647 | \$126,531,016 | | \$126,531,016 |
| 2 | Fringe Benefits | \$58,461,933 | \$66,960,475 | | \$66,960,475 | \$68,969,289 | | \$68,969,289 | \$71,038,368 | | \$71,038,368 | \$71,038,368 | | \$71,038,368 | \$73,169,519 | | \$73,169,519 |
| 3 | Physicians Fees | \$2,138,571 | \$3,000,000 | | \$3,000,000 | \$3,090,000 | | \$3,090,000 | \$3,182,700 | | \$3,182,700 | \$3,182,700 | | \$3,182,700 | \$3,278,181 | | \$3,278,181 |
| 4 | Supplies and Drugs | \$58,778,144 | \$61,181,641 | \$26,408 | \$61,208,049 | \$63,044,290 | | \$63,044,290 | \$64,935,619 | | \$64,935,619 | \$64,935,619 | | \$64,935,619 | \$66,883,688 | | \$66,883,688 |
| 5 | Depreciation and Amortization | \$7,879,044 | \$7,918,267 | | \$7,918,267 | \$8,155,815 | | \$8,155,815 | \$8,400,489 | | \$8,400,489 | \$8,400,489 | | \$8,400,489 | \$8,652,504 | | \$8,652,504 |
| 6 | Provision for Bad Debts-Other ^b | | | | \$0 | | | \$0 | | | \$0 | | \$0 | | | | \$0 |
| 7 | Interest Expense | | | | \$0 | | | \$0 | | | \$0 | | \$0 | | | | \$0 |
| 8 | Malpractice Insurance Cost | \$3,390,766 | \$3,367,075 | | \$3,367,075 | \$3,468,087 | | \$3,468,087 | \$3,572,130 | | \$3,572,130 | \$3,572,130 | | \$3,572,130 | \$3,679,294 | | \$3,679,294 |
| 9 | Lease Expense | | | \$294,350 | \$294,350 | | | \$0 | | | \$0 | | \$0 | | | | \$0 |
| 10 | Other Operating Expenses | \$103,782,266 | \$114,279,759 | | \$114,279,759 | \$117,708,152 | | \$117,708,152 | \$121,239,396 | | \$121,239,396 | \$121,239,396 | | \$121,239,396 | \$124,876,578 | | \$124,876,578 |
| | TOTAL OPERATING EXPENSES | \$341,741,575 | \$372,501,021 | \$320,758 | \$372,821,779 | \$383,703,251 | \$0 | \$383,703,251 | \$395,214,349 | \$0 | \$395,214,349 | \$395,214,349 | \$0 | \$395,214,349 | \$407,070,779 | \$0 | \$407,070,779 |
| | INCOME/(LOSS) FROM OPERATIONS | \$7,490,796 | (\$4,998,143) | \$1,763,556 | (\$3,234,587) | (\$3,028,443) | \$0 | (\$3,028,443) | (\$3,119,297) | \$0 | (\$3,119,297) | (\$3,119,297) | \$0 | (\$3,119,297) | (\$3,212,876) | \$0 | (\$3,212,876) |
| | NON-OPERATING REVENUE | \$20,457,780 | \$21,071,513 | | \$21,071,513 | \$21,703,659 | | \$21,703,659 | \$22,354,769 | | \$22,354,769 | \$22,354,769 | | \$22,354,769 | \$23,025,412 | | \$23,025,412 |
| | EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES | \$27,948,576 | \$16,073,371 | \$1,763,556 | \$17,836,927 | \$18,675,215 | \$0 | \$18,675,215 | \$19,235,472 | \$0 | \$19,235,472 | \$19,235,472 | \$0 | \$19,235,472 | \$19,812,536 | \$0 | \$19,812,536 |
| | Principal Payments | | | | \$0 | | | \$0 | | | \$0 | | \$0 | | | | \$0 |
| C. PROFITABILITY SUMMARY | | | | | | | | | | | | | | | | | |
| 1 | Hospital Operating Margin | 2.0% | -1.3% | 84.6% | -0.8% | -0.8% | 0.0% | -0.8% | -0.8% | 0.0% | -0.8% | -0.8% | 0.0% | -0.8% | -0.8% | 0.0% | -0.8% |
| 2 | Hospital Non Operating Margin | 5.5% | 5.4% | 0.0% | 5.4% | 5.4% | 0.0% | 5.4% | 5.4% | 0.0% | 5.4% | 5.4% | 0.0% | 5.4% | 5.4% | 0.0% | 5.4% |
| 3 | Hospital Total Margin | 7.6% | 4.1% | 84.6% | 4.6% | 4.6% | 0.0% | 4.6% | 4.6% | 0.0% | 4.6% | 4.6% | 0.0% | 4.6% | 4.6% | 0.0% | 4.6% |
| | D. FTEs | 1,277 | 1,384 | | 1,384 | 1,384 | | 1,384 |
| E. VOLUME STATISTICS^c | | | | | | | | | | | | | | | | | |
| 1 | Inpatient Discharges | 1,124 | 851 | 284 | 1,135 | 1,147 | | 1,147 | 1,158 | | 1,158 | 1,158 | | 1,158 | 1,170 | | 1,170 |
| 2 | Outpatient Visits | 6,380 | 4,833 | 1,611 | 6,444 | 6,508 | | 6,508 | 6,573 | | 6,573 | 6,573 | | 6,573 | 6,639 | | 6,639 |
| | TOTAL VOLUME | 7,504 | 5,684 | 1,895 | 7,579 | 7,655 | 0 | 7,655 | 7,731 | 0 | 7,731 | 7,731 | 0 | 7,731 | 7,809 | 0 | 7,809 |

^aTotal amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

^bProvide the amount of any transaction associated with Bad Debts not related to the provision of direct services to patients. For additional information, refer to FASB, No.2011-07, July 2011.

^cProvide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.



Supplemental CON Application Form
Acquisition of Equipment
Conn. Gen. Stat. § 19a-638(a)(10),(11)

Applicant: John Dempsey Hospital

Project Name: Use of Temporary Mobile MRI Scanner

Affidavit

Applicant: John Dempsey Hospital

Project Title: Use of Temporary Mobile MRI Scanner

I, Anne Diamond, CEO
(Name) (Position – CEO or CFO)

of John Dempsey Hospital being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Anne Diamond
Signature

December 3, 2015
Date

Subscribed and sworn to before me on December 3, 2015

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires:



1. Project Description: Acquisition of Equipment

- a. Provide the manufacturer, model and number of slices/tesla strength of the proposed scanner (as appropriate to each piece of equipment).

John Dempsey Hospital will be leasing a Siemens 1.5T Espree mobile MRI.

- b. List each of the Applicant's sites and the imaging modalities currently offered by location.

The table below provides the imaging modalities by location that are currently offered by UConn Health.

| Imaging Modality | John Dempsey Hospital | Out - patient Pavilion Medical Office | New England Muscu - loskeletal Institute Medical Office | 230 Farming - ton Avenue Mobile MRI Services | Canton Urgent Care | Storrs Urgent Care | Storrs Medical Office | Southing - ton Medical Office | Avon Medical Office | Plainville Medical Office |
|--------------------------|-----------------------|---------------------------------------|---|--|--------------------|--------------------|-----------------------|-------------------------------|---------------------|---------------------------|
| Radiography | X | X | X | | X | X | X | X | X | X |
| Mammography | X | | | | | | | | | |
| Bone Densitometry | | | X | | | | | | | |
| CT Scan | X | | X | | | | | | | |
| MRI | X | | | X | | | | | | |
| PET/CT | | | | X | | | | | | |
| Ultrasound | X | | | | | | X | X | | |
| Nuclear Medicine | X | | | | | | | | | |
| Interventional Radiology | X | | | | | | | | | |

2. Clear Public Need

- a. Complete Table A for each piece of equipment of the type proposed currently operated by the Applicant at each of the Applicant's sites.

**TABLE A
EXISTING EQUIPMENT OPERATED BY THE APPLICANT**

| Provider Name/Address | Service* | Days/Hours of Operation ** | FY 15 Utilization*** |
|---|--------------------------|-----------------------------------|-----------------------------|
| Siemens Espree 1.5T, Mobile, closed, 263 Farmington Avenue, Farmington CT | Inpatient and Outpatient | Sunday to Saturday, 24 hours/day | Proposed |
| Siemens Avanto 1.5T, Fixed, closed, 263 Farmington Avenue, Farmington CT | Inpatient and Outpatient | Sunday to Saturday, 24 hours/day | 5,232 |
| Siemens Avanto 1.5T, Mobile, closed, 230 Farmington Avenue, Farmington CT | Outpatient | 6:30 a.m to 6:30 p.m | 2,272 |

*Include equipment strength (e.g. slices, tesla strength), whether the unit is open or closed (for MRI)

**Days of the week unit is operational, and start and end time for each day

***Number of scans/exams performed on each unit for the most recent 12-month period (identify period).

- b. Provide the rationale for locating the proposed equipment at the proposed site;**

The decision to relocate the Main Campus MRI to the new hospital tower was based on the need to be in close proximity to both inpatients in need of MRI services as well to the Emergency Department. The proposed temporary MRI will enable the Hospital to maintain its existing level of MRI services.

3. Actual and Projected Volume

- a. Complete the following tables for the past three fiscal years ("FY"), current fiscal year ("CFY"), and first three projected FYs of the proposal, for each of the Applicant's existing and proposed pieces of equipment (of the type proposed, at the proposed location only). In Table B, report the units of service by piece of equipment, and in Table C, report the units of service by type of exam (e.g. if specializing in orthopedic, neurosurgery, or if there are scans that can be performed on the proposed scanner that the Applicant is unable to perform on its existing scanners).**

TABLE B
Historical, Current, and Projected Volume, by Equipment Unit

| Unit | Actual Volume, FY 13 to FY 15 | | | | | | | | |
|-----------------------|-------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| | FY 13 | | | FY 14 | | | FY 15 | | |
| | IP | OP | Total | IP | OP | Total | IP | OP | Total |
| Combined Units* | 854 | 7,247 | 8,101 | 853 | 6,027 | 6,880 | | | |
| Main MRI | | | | | | | 1,124 | 4,108 | 5,232 |
| Mobile MRI (existing) | | | | | | | | 2,272 | 2,272 |
| | 854 | 7,247 | 8,101 | 853 | 6,027 | 6,880 | 1,124 | 6,380 | 7,504 |

*In FY 13 and FY 14 the Hospital was unable to separate the number of scans performed by its MRI units.

Projected Volume, FY 16 to FY 19

| Unit | FY 16 | | | FY 17 | | | FY 18 | | | FY 19 | | |
|-----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | IP | OP | Total |
| Main MRI @ | 568 | 2,075 | 2,642 | 1,147 | 4,191 | 5,337 | 1,158 | 4,232 | 5,391 | 1,170 | 4,275 | 5,444 |
| Temporary MRI # | 568 | 2,075 | 2,642 | | | | | | | | | |
| Mobile MRI (existing) | | 2,295 | 2,295 | | 2,318 | 2,318 | | 2,341 | 2,341 | | 2,364 | 2,364 |
| | 1,135 | 6,444 | 7,579 | 1,147 | 6,508 | 7,655 | 1,158 | 6,573 | 7,731 | 1,170 | 6,639 | 7,809 |

@ The Main Campus MRI is scheduled to be in operation for about ½ of the fiscal year, from July 1, 2015 to January 4, 2016.

The Temporary mobile MRI is scheduled to begin operations on January 4, 2016. The expected length of service for the mobile MRI could last until June 30th, which is the last day of the Hospital's fiscal year.

*For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

**If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.

***Identify each scanner separately and add lines as necessary. Also break out inpatient/outpatient/ED volumes if applicable.

****Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.).

**TABLE C
HISTORICAL, CURRENT, AND PROJECTED VOLUME, BY TYPE OF SCAN/EXAM**

| Type | Actual Volume (Last 3 completed fiscal years) | | | Current FY Projected | Projected (First 3 Full Operational Years) | | |
|-------------------|--|---------|---------|-------------------------|---|---------|---------|
| | FY 2013 | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
| Abdomen | 233 | 259 | 320 | 323 | 326 | 330 | 333 |
| Cervical | 2,289 | 1,869 | 2,039 | 2,059 | 2,080 | 2,101 | 2,122 |
| Chest | 242 | 208 | 216 | 218 | 220 | 223 | 225 |
| Head and Neck | 2,470 | 2,347 | 2,699 | 2,726 | 2,753 | 2,781 | 2,809 |
| Lower Extremities | 1,516 | 1,160 | 1,241 | 1,253 | 1,266 | 1,279 | 1,291 |
| Pelvis | 196 | 177 | 208 | 210 | 212 | 214 | 216 |
| Upper Extremities | 1,044 | 747 | 655 | 662 | 668 | 675 | 682 |
| Other | 111 | 113 | 126 | 127 | 129 | 130 | 131 |
| Grand Total | 8,101 | 6,880 | 7,504 | 7,579 | 7,655 | 7,731 | 7,809 |

*For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

**If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.

***Identify each type of scan/exam (e.g., orthopedic, neurosurgery or if there are scans/exams that can be performed on the proposed piece of equipment that the Applicant is unable to perform on its existing equipment) and add lines as necessary.

****Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.).

- b. **Provide a detailed explanation of all assumptions used in the derivation/ calculation of the projected volume by scanner and scan type.**

Assumptions:

FY 14. MRI volume was low because we were down to 1 unit, from September 2013 to January 2014. This caused a large decrease in Outpatient MRI volume during this period.

FY 15. Inpatient MRI volume increased due to additional Neurology faculty on staff. This led to an increase in inpatient neurology consults and additional MRI referrals.

FY 16 and beyond. We expect both Inpatient and Outpatient MRI volume to grow approximately 1% annually due to the increase in Neurology faculty, an increase in Orthopedic faculty and because the Hospital is now a certified Stroke Center.

- c. **Explain any increases and/or decreases in the volume reported in the tables above.**

As mentioned above, the volume in FY 14 was low because one scanner was out of commission for about 5 months.

- d. Provide a breakdown, by town, of the volumes provided in Table C for the most recently completed FY.

**Table D
Utilization by Town**

Fiscal Year 2015

| Service Area | Town | Inpatient | Outpatient | Total |
|------------------------|---------------|--------------|--------------|--------------|
| Primary | Farmington | 212 | 632 | 844 |
| | Hartford | 60 | 557 | 617 |
| | New Britain | 62 | 532 | 594 |
| | West Hartford | 117 | 476 | 593 |
| | East Hartford | 19 | 252 | 271 |
| | Avon | 69 | 196 | 265 |
| | Simsbury | 61 | 165 | 226 |
| | Newington | 37 | 182 | 219 |
| | Canton | 42 | 108 | 150 |
| | Bloomfield | 30 | 116 | 146 |
| | Burlington | 13 | 100 | 113 |
| | Granby | 20 | 54 | 74 |
| Primary Total | | 742 | 3,370 | 4,112 |
| Secondary | Bristol | 50 | 392 | 442 |
| | Manchester | 17 | 169 | 186 |
| | Southington | 25 | 160 | 185 |
| | Plainville | 35 | 138 | 173 |
| | Torrington | 4 | 127 | 131 |
| | Windsor | 13 | 91 | 104 |
| | Berlin | 17 | 78 | 95 |
| | Wethersfield | 10 | 78 | 88 |
| | Rocky Hill | 24 | 56 | 80 |
| | Plymouth | 7 | 70 | 77 |
| | Glastonbury | 5 | 69 | 74 |
| | Vernon | 7 | 62 | 69 |
| | Winchester | 9 | 59 | 68 |
| | New Hartford | 1 | 54 | 55 |
| | South Windsor | 0 | 52 | 52 |
| | Harwinton | 8 | 36 | 44 |
| | Cromwell | 4 | 36 | 40 |
| | East Windsor | 0 | 30 | 30 |
| | Barkhamsted | 2 | 23 | 25 |
| | Litchfield | 0 | 22 | 22 |
| East Granby | 9 | 11 | 20 | |
| Hartland | 5 | 2 | 7 | |
| Secondary Total | | 252 | 1,815 | 2,067 |
| All Other | | 130 | 1,195 | 1,325 |
| Total | | 1,124 | 6,380 | 7,504 |

Attachments

- Attachment 1** Board of Trustees Resolution of Approval
- Attachment 2** John Dempsey Hospital license
- Attachment 3** Curriculum Vitae
Douglas W. Fellows, Professor and Chair of Diagnostic Imaging
Joseph Phillips, Director of Diagnostic Imaging
- Attachment 4** Letters of Support
- Attachment 5** MRI Standard of Practice Guidelines
- Attachment 6** Vendor Agreement
- Attachment 7** John Dempsey Hospital Charity Care Policy

Attachment 1: Board of Trustees Resolution of Approval

UConn HEALTH

44

June 24, 2015

TO: Members of the Board of Trustees

FROM: Andrew Agwunobi, MD, MBA
Executive Vice President for Health Affairs (interim)



Scott A. Jordan 
Executive Vice President for Administration and Chief Financial Officer

RE: Project Budget for the UConn Health Center (UCHC) New Construction
and Renovations: New Hospital Tower (Revised Final: \$325,866,000)

RECOMMENDATION:

That the Board of Trustees approve the Revised Final Budget in the amount of \$325,866,000 for the UConn Health New Construction and Renovations: New Hospital Tower

BACKGROUND:

The Board approved a Revised Final Budget in September 2014 in the amount of \$359,366,000 for the construction of a new patient care tower and renovations of the existing John Dempsey Hospital. The new bed tower includes 169 private patient rooms, a 12 room operating room suite, and a 42 bay Emergency Department, and two parking garages with total capacity of 800 cars.

This project is being implemented in three phases. The status of the phases is as follows:

- Phase 1: Parking Garage 3 and site utility work; Completed April 2013
- Phase 2: New Bed Tower and Parking Garage 2; 65 % complete
- Phase 3: Renovations to the existing JDH Bed Tower (Building H): Work deferred

The renovation work related to the existing Hospital building includes the replacement of the building's mechanical, electrical and plumbing infrastructure, and renovating space to allow for the relocation of the pharmacy and lab services programs. The scope related to the renovations is being deferred pending funding from UConn Health, Philanthropy, or other sources.

The Revised Final Budget is attached for your consideration and approval. This budget reflects an overall reduction based upon the deferral of the work related to Phase 3 noted above. This revision also incorporates an allocation of funds from UConn Health capital,

CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: REVISED FINAL

PROJECT NAME: UCH NEW CONSTRUCTION AND RENOVATION

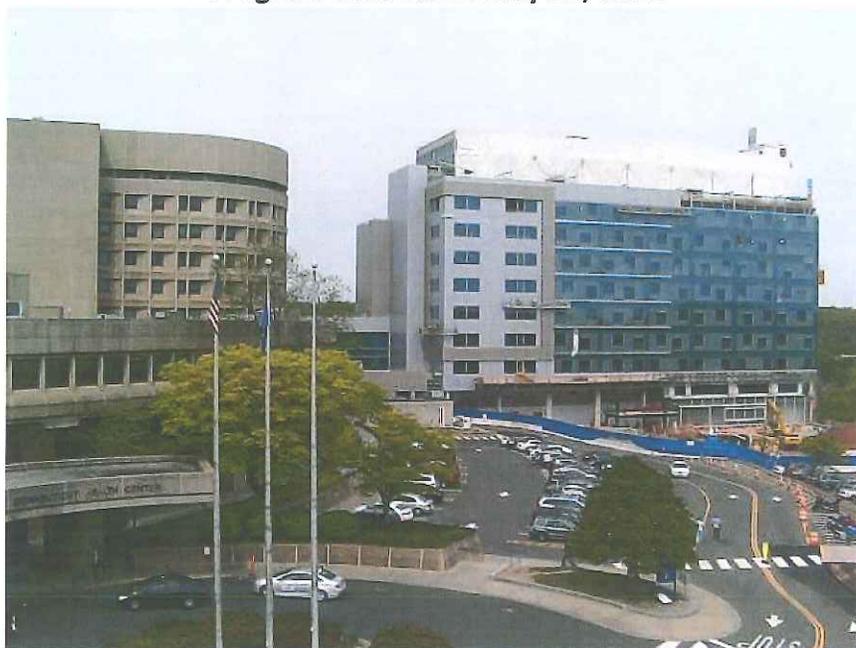
| | APPROVED PLANNING 6/10/2010 | APPROVED REVISED PLANNING 2/28/2012 | APPROVED DESIGN 4/25/2012 | APPROVED FINAL 2/27/2013 | APPROVED REVISED FINAL 9/24/2014 | PROPOSED REVISED FINAL 6/24/2015 |
|--|-----------------------------------|--|---------------------------------|--------------------------------|---|---|
| BUDGETED EXPENDITURES | | | | | | |
| CONSTRUCTION | \$ 224,000,000 | \$ 249,438,000 | \$ 251,438,000 | \$ 251,289,000 | \$ 255,485,000 | \$ 235,000,000 |
| DESIGN SERVICES | 25,000,000 | 23,539,000 | 23,539,000 | 23,307,000 | 23,750,000 | 22,950,000 |
| TELECOMMUNICATIONS | 11,000,000 | 10,830,000 | 10,830,000 | 9,842,000 | 9,725,000 | 8,250,000 |
| FURNITURE, FIXTURES AND EQUIPMENT | 31,000,000 | 30,994,000 | 30,994,000 | 31,025,000 | 30,035,000 | 27,150,000 |
| CONSTRUCTION ADMINISTRATION | 1,000,000 | 3,410,000 | 3,410,000 | 3,410,000 | 3,575,000 | 3,575,000 |
| OTHER AE SERVICES (including Project Mgmt) | 5,000,000 | 8,668,000 | 8,668,000 | 9,173,000 | 7,785,000 | 9,500,000 |
| ART (1% OF NEW CONSTRUCTION) | 1,400,000 | 1,574,000 | 1,574,000 | 1,574,000 | 1,574,000 | 1,574,000 |
| RELOCATION | 1,500,000 | 1,397,000 | 1,397,000 | 1,397,000 | 1,260,000 | 735,000 |
| ENVIRONMENTAL | 1,000,000 | 817,140 | 817,140 | 788,000 | 895,000 | 380,000 |
| INSURANCE AND LEGAL | 250,000 | 200,000 | 200,000 | 3,811,000 | 4,320,000 | 5,250,000 |
| MISCELLANEOUS | 350,000 | 391,750 | 391,750 | 360,000 | 1,879,000 | 2,125,000 |
| OTHER SOFT COSTS | - | - | - | - | - | - |
| SUBTOTAL | \$ 301,500,000 | \$ 331,258,890 | \$ 333,258,890 | \$ 335,976,000 | \$ 340,283,000 | \$ 316,489,000 |
| PROJECT CONTINGENCY | 30,500,000 | 33,127,110 | 31,127,110 | 28,410,000 | 19,083,000 | 9,377,000 |
| TOTAL BUDGETED EXPENDITURES | \$ 332,000,000 | \$ 364,386,000 | \$ 364,386,000 | \$ 364,386,000 | \$ 359,366,000 | \$ 325,866,000 |
| SOURCE(S) OF FUNDING | | | | | | |
| UCONN 2000 PHASE III - PLANNING & DESIGN COSTS | \$ 25,000,000 | \$ 25,000,000 | \$ 25,000,000 | \$ 25,000,000 | \$ 25,000,000 | \$ 25,000,000 |
| UCONN 2000 PHASE III - NEW CONSTRUCTION & RENOVATION | 207,000,000 | 314,386,000 | 314,386,000 | 314,386,000 | 289,366,000 | 293,288,000 |
| OTHER NON-STATE FUNDS | 100,000,000 | - | - | - | - | - |
| UCH CAPITAL OR OTHER | - | 25,000,000 | 25,000,000 | 25,000,000 | 45,000,000 | 7,578,000 |
| TOTAL BUDGETED FUNDING | \$ 332,000,000 | \$ 364,386,000 | \$ 364,386,000 | \$ 364,386,000 | \$ 359,366,000 | \$ 325,866,000 |

UCONN HEALTH (UCH)
NEW CONSTRUCTION AND RENOVATIONS:
NEW HOSPITAL TOWER
Project Budget (REVISED FINAL)
6/24/2015

NEW HOSPITAL TOWER: WEST ELEVATION, NEW EMERGENCY DEPT AND OR AREA



Progress East View: May 15, 2015



UCONN HEALTH CENTER
Facilities Development & Operations
SUMMARY
ESTIMATED PROJECT BUDGET SHEET #35

Project: UCHC New Construction & Renovation
 Project #: 901590
 Phase: Phase 2 GMP
 Date: 11/12/2015

| | | TOTAL |
|---------------------------------------|---------------------------------|----------------------|
| 01000 | CONSTRUCTION COST | \$238,221,833 |
| SOFT COSTS | | |
| 02000 | DESIGN SERVICES | \$24,130,485 |
| 03000 | TELECOMM | \$8,211,247 |
| 04000 | FURNITURE, FIXTURES & EQUIPMENT | \$25,887,219 |
| 05000 | CONSTRUCTION ADMINISTRATION | \$3,577,755 |
| 06000 | OTHER A/E SERVICES | \$9,232,747 |
| 07000 | ART | \$1,350,000 |
| 08000 | RELOCATION | \$739,239 |
| 09000 | ENVIRONMENTAL | \$379,590 |
| 10000 | INSURANCE & LEGAL | \$5,234,433 |
| 900 | MISCELLANEOUS | \$1,584,826 |
| | SUBTOTAL | \$318,549,373 |
| 12000 | PROJECT CONTINGENCY | \$7,316,627 |
| TOTAL ESTIMATED PROJECT BUDGET | | \$325,866,000 |
| PLANNED FUNDS | | \$325,866,000 |
| PROJECTED UNDER/(OVER) BUDGET: | | \$0 |

Project: UCHC New Construction & Renovation
 Phase: Phase 2 GMP
 Date: 11/12/2015

| | | TOTAL | Phase I Site & Garage | Phase II Tower & Garage | Phase III "H" Renovation |
|-------------------|---|---------------|--------------------------|----------------------------|-----------------------------|
| 01000 | CONSTRUCTION | \$238,221,833 | \$13,752,021 | \$223,919,812 | \$550,000 |
| 01001 | Preconstruction Services | \$1,974,198 | \$114,000 | \$1,650,198 | \$210,000 |
| 01002 | Base Contract | \$236,247,635 | \$13,638,021 | \$222,269,614 | \$340,000 |
| | Phase I - Site & Garage | \$13,596,000 | \$13,596,000 | \$0 | \$0 |
| | Executed Change Orders | | \$42,021 | | |
| | Phase 2 Bed Tower & Garage 4/25/13 GMP | | | \$208,900,000 | |
| | Executed Change Orders | | | \$10,394,614 | |
| | Approved CCD's | | | \$2,375,000 | |
| | MRI Temp Unit (150 days x \$2,000/day) | | | \$300,000 | |
| | Site prep & infrastructure for CT Temp. Unit | | | \$300,000 | |
| | Phase III - "H" | | | | |
| | Renovation | | \$0 | | |
| | New Roof H tower | | | | \$340,000 |
| 01003 | Roadway Intersection Improvements | | | \$0 | |
| 01199 | Other Construction | | \$0 | \$0 | \$0 |
| SOFT COSTS | | | | | |
| 02000 | DESIGN SERVICES | \$24,130,485 | \$0 | \$20,013,396 | \$4,117,089 |
| 02100 | Architect & Engineers | \$23,765,655 | | | |
| 02101 | Basic Agreement | \$19,644,890 | \$0 | \$15,652,053 | \$3,992,837 |
| | Executed Amendments | | | \$3,847,848 | \$124,252 |
| | Pending Amendments | | | \$233,695 | |
| | Mobile MRI | | | \$23,550 | |
| | Other Design Service..... | \$279,800 | \$0 | \$279,800 | \$0 |
| 03000 | TELECOMM | \$8,211,247 | \$0 | \$8,211,247 | \$0 |
| 04000 | FURNISHINGS, FIXTURES & EQUIPMENT | \$25,887,219 | \$0 | \$25,887,219 | \$0 |
| 05000 | CONSTRUCTION MANAGEMENT | \$3,577,755 | \$0 | \$3,577,755 | \$0 |
| 06000 | OTHER A/E SERVICES | \$9,232,747 | \$451,122 | \$8,781,625 | \$0 |
| 07000 | ART..(1 %) | \$1,350,000 | \$0 | \$1,350,000 | \$0 |
| 08000 | RELOCATION | \$739,239 | \$0 | \$739,239 | \$0 |
| 08099 | Logistics/Operations/Relocation/Transition | \$378,239 | \$0 | \$378,239 | \$0 |
| | Relocate CT | \$75,000 | | | |
| | Relocate MRI | \$107,500 | | | |
| | Other | \$195,739 | | | |
| 09000 | ENVIRONMENTAL | \$379,590 | \$8,000 | \$371,590 | \$0 |
| 10000 | INSURANCE AND LEGAL | \$5,234,433 | \$25,000 | \$5,209,433 | \$0 |
| 11000 | MISCELLANEOUS | \$1,584,826 | \$89,703 | \$1,495,123 | \$0 |
| 12000 | PROJECT CONTINGENCY | \$7,316,627 | \$0 | \$7,263,294 | \$53,333 |

Attachment 2: John Dempsey Hospital license

STATE OF CONNECTICUT**Department of Public Health****LICENSE****License No. 0065****General Hospital**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

University of Connecticut Health Center-John Dempsey Hospital of Farmington, CT d/b/a John Dempsey Hospital of the University of Connecticut Health Center is hereby licensed to maintain and operate a General Hospital.

John Dempsey Hospital of the University of Connecticut Health Center is located at 263 Farmington Avenue, Farmington, CT 06032.

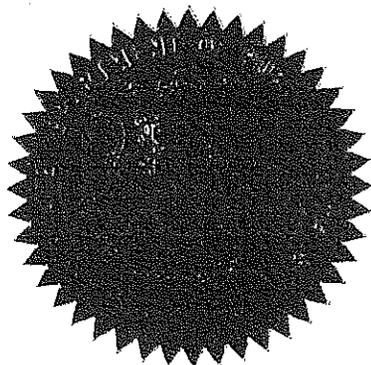
The maximum number of beds shall not exceed at any time:

10 Bassinets
224 General Hospital Beds

This license expires **December 31, 2016** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, January 1, 2015. RENEWAL.

Satellites:

10 Talcott Notch, Farmington, CT



Jewel Mullen, MD, MPH, MPA
Commissioner

**Attachment 3: Curriculum Vitae;
Douglas W. Fellows, Professor and Chair of Diagnostic Imaging**

CURRICULUM VITAE

52

DOUGLAS W. FELLOWS, MD, FACR

CURRENT POSITIONS: Professor and Chair of Diagnostic Imaging
University of Connecticut Health Center
Farmington CT 06030-2802

OFFICE ADDRESS: UConn Health
Department of Diagnostic Imaging
263 Farmington Avenue
Farmington CT 06030-2802

(860) 679-3626
E-mail – dfellows@uchc.edu

APPOINTMENTS: Connecticut State Medical Examining Board –
July 2008 – present

Board of Directors
Children’s Radiologic Institute
Nationwide Children’s Hospital
Columbus, OH – 1998 – present

BOARD CERTIFICATION: American Board of Radiology
Diagnostic Radiology - June 1991

American Society of Neuroradiology - 1993
Senior Member Certificate

Certificate of Added Qualification (CAQ)
Neuroradiology - February 1996

MEDICAL LICENSURE: Connecticut – # 045093 (since January 2007)

SOCIETY MEMBERSHIPS: Radiological Society of North America
American Society of Neuroradiology (senior member)
American College of Radiology
Association of University Radiologists

TASK FORCE MEMBERSHIP: ACR Disaster Planning Task Force
Nov 2001 – Nov 2005

EDUCATION

Undergraduate: University of Connecticut
B.S. in Physical Therapy
1971

Graduate: The Ohio State University
M.S. in Anatomy
1976-1978

Medical School: Boston University School of medicine
Boston, MA
M.D. (cum laude)
1982-1986

Internship: Tripler Army Medical Center
Tripler AMC, Hawaii
Transitional Internship
July 1, 1986 - June 30, 1987

Residency: Tripler Army Medical Center
Tripler AMC, Hawaii
Diagnostic Radiology
July 1, 1987 - June 30, 1991

Fellowship: The Johns Hopkins Medical Institutions
Baltimore, Maryland
Neuroradiology
July 1, 1991 - June 30, 1993

Military Education: AMEDD Officer Basic Course - 1971
AMEDD Officer Advanced Course 1978
Faculty Development Course - 1980
Combat Casualty Care Course - 1987
Command and General Staff College - 1996

HONORS/ AWARDS:

The Surgeon General's EXCALIPUR AWARD - 2004
Inducted as a Fellow in the American College of Radiology – 2004
American Physical Therapy Assoc. Excellence in Research Award
Winner, Sports Physical Therapy Section - 2003
Alpha Omega Alpha (Honor Medical Society) – 1986
Annual Ishiyaka Euroamerica-Piccin Libraria Book Award – 1986
U.S. Army Health Professions Scholarship – 1983
Sigma Xi (Scientific Research Honor Society) - 1979
Phi Kappa Phi (National Honor Society) - 1978

Military Awards:

"A" Proficiency Designator for exceptional professional ability
Legion of Merit
Meritorious Service Medal (4)
Army Commendation Medal
Army Achievement Medal
National Defense Service Medal (2)

Armed Forces Reserve Medal (2)
Army Service Medal
Overseas Service Ribbon
Expert Field Medical Badge

ACADEMIC APPOINTMENTS:

Professor and Chairman of Diagnostic Imaging and Therapeutics, Jan 2007 – present
University of Connecticut Health Center, Farmington, CT

Professor and Vice Chair of Radiology, July 2004 – June 2007
UMass Memorial Healthcare, Worcester, MA

Program Director, Radiology Residency, July 2004 – June 2007
University of Massachusetts Medical School

Professor of Radiology July 2004 – July 2007
University of Massachusetts Medical School

Assistant Professor of Radiology and Nuclear Medicine, July 1991 – 2002
Uniformed Services University of the Health Sciences, Bethesda, MD

Instructor, Department of Radiology, July 1991 – June, 2001
The Johns Hopkins Medical Institutions, Baltimore, MD

Graduate Teaching Assistant, August 1981 - May 1982
Boston University School of Medicine, Boston, MA

Anatomy Instructor, June 1980 - July 1981
Academy of Health Sciences, Ft. Sam Houston, TX

Graduate Teaching Assistant, September 1976 - June 1978
The Ohio State University Columbus, OH

OTHER APPOINTMENTS:

The **Radiology Consultant to the Surgeon General**, U.S. Army,
August 1995 - February 1996 and February 1998 to Mar 2002
(Alternate consultant Apr 2002 to June 2004)

Technology Assessment/Requirements Analysis (TARA) Team,
September 1995 – June 2002, U.S. Army Medical Materiel Agency, Ft. Detrick, MD

Assistant Chief, Department of Radiology and Nuclear Medicine,
June 1994 - August 1995, Uniformed Services University of the Health Sciences,
Bethesda, MD

Chief of Ancillary Services, 85th General Hospital, February 1994 - March 1995,
Ft. Meade, MD

Project Officer, Medical Diagnostic Imaging Support Systems (MDIS),
November 1993 – 1998, Walter Reed Army Medical Center, Washington, DC

MILITARY SERVICE: COL (Ret), U.S. Army

COMMITTEES and OFFICES:

National Professional Committees:

AUR Bylaws Committee – June 2010 – present

AUR Scientific Program Committee – June 2009 – present

Health Center Committees:

The Executive Committee of the Academic Merit Plan
University of Connecticut Health Center
May 2012 - present

Clinical Council, UMG
University of Connecticut Health Center
July 2010 – present

Chair, Doctorate of Physical Therapy Advisory Group,
University of Connecticut, Storrs, CT
August 2010 - present

Quality Resource Management Committee, University of Connecticut Health Center
January 2008 – present

Credentials Committee, John Dempsey Hospital, University of Connecticut Health Center-
January 2007 – present

Radiation Safety Committee, University of Connecticut Health Center –
May 2008 - present

Clinical Chairs Committee, University of Connecticut Health Center –
January 2007 – present

Medical Board – John Dempsey Hospital, University of Connecticut Health Center -
July 2007 – present

Lead Physicians Committee, University of Connecticut Health Center –
2007 – present

Graduate Medical Education Committee – University of Connecticut Health Center –
April 2009 – December 2012

Dean's Task Force, University of Connecticut Health Center – June 2009 – May 2011

Affiliation Working Group: Physician & Faculty Relations,

Chair, Search Committee for Chief of Staff, University of Connecticut Health Center,
October 2010 – February 2011

Search Committee for Department of Medicine Chair – University of Connecticut Health
Center – June 2010 – March 2011

Search Committee for Chief Administrative Officer – University of Connecticut Health
Center – May 2010 – present

Out Patient Pavilion Building Committee – University of Connecticut Health Center, John
Dempsey Hospital - January 2014 - present

Previous Committees

U.S. Army Radiology Subject Matter Expert, Department of Defense,
Office of Health Affairs

MHSS Radiology Proponent Committee: Re-engineering of the Practice of Radiology
September 1994 – 2002

U.S. Army Radiology Subject Matter Expert, Department of Defense,
Office of Health Affairs

MHSS Radiology Proponent Committee: Cost Benefit Analysis of Digital Imaging Systems
Falls Church, VA
September 1994 - April 1995

U.S. Army Representative, Department of Defense, Defense Logistics Agency
Computed Tomography Technical Evaluation Committee –

Philadelphia, PA
May 1994 - March 1996,

U.S. Army Radiology Subject Matter Expert, Department of Defense/NASA
Russian-American Telemedicine Demonstration Project

Washington, D.C.
March 1993 - June 1993

Chief Resident, Department of Radiology
Tripler Army Medical Center, Honolulu, HI
Academic Year 1990 -1991

PUBLICATIONS:

1. Jadhav, A.B., Tadinada, A., Rengasamy, K., Fellows, D., Lurie, A.G. Clival lesion incidentally discovered on cone-beam computed tomography: A case report and review of the literature. *Imaging Science in Dentistry Vol. 44, Issue 2, 2014, Pages 165-169*
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COURSES AND INVITED LECTURES:

1. The Skull Base: Common Ground to the Oral & Maxillofacial and Medical
Radiologists (Key Note Address)
American Academy of Oral and Maxillofacial Radiology 63rd Annual Conference
Savannah, GA, November 17, 2012.

2. The NorthEast Cerebrovascular Consortium (NECC) – 2 Lectures – Diagnosis⁵⁹ of Acute Stroke, Seaport World Trade Center, Boston, MA, October 2010
3. UMass Memorial HealthCare: Imaging of the temporal bone and Boards preparation, April 2010
4. Neuroradiology Lecture Series (8 Lectures) at St. Vincent's Hospital, Bridgeport, CT, January – May 2010
5. Evans Lecture: (Distinguished Alumni), MRI Imaging: Practical Knowledge for Health Professionals, November 3, 2009
6. Topics in Neuroradiology – 2 Lectures, UMASS Memorial Healthcare, Worcester, MA, April 21, 2009
7. General Surgery Grand Rounds Speaker: Acute Intracranial Hemorrhage, Tripler AMC, Honolulu, HI, February 18, 2009
8. Neuroradiology – 8 Neuroradiology Lecture Series, Tripler AMC, Honolulu, HI, February 17-20, 2009
9. Facial Fractures and Intracranial Trauma; Problem Oriented Radiology Course Uniformed Services University of the Health Sciences, Bethesda, MD, March 200
10. Musculoskeletal Radiology for Physical Therapists, Malcolm Grow Medical Center, Andrew Air Force Base, Washington, D.C. June 2, 1995
11. Cerebral Ischemia and Infarction, European Health Services Support Area Military Medical Surgical Congress, Willingen, Germany April 25, 1995
12. Soft Tissue Spaces of the Suprahyoid and Infrahyoid Neck, European Health Services Support Area Military Medical Surgical Congress, Willingen, Germany April 25, 1995,
13. The Paranasal Sinuses: Anatomy and Pathology, European Health Services Support Area Military Medical Surgical Congress, Willingen, Germany April 24, 1995
14. The Temporal Bone and Related Pathology, European Health Services Support Area Military Medical Congress, Willingen, Germany April 24, 1995
15. PACS and Teleradiology in The Department of Defense University of Wisconsin Medical School-Big Sky Radiology Conference, Big Sky, MT, February 1995.
16. Telemedicine in the Department of Defense Conference on Military Medicine, Uniformed Services University of the Health Sciences, Bethesda, MD November 8, 1994

17. Musculoskeletal Radiology, Musculoskeletal Assessment Course, Academy of Health Sciences, Ft. Sam Houston, TX
September 15-16, 1994
18. Radiology of Sinusitis: Sinusitis for the Practitioner Course, The Johns Hopkins Medical Institutions, Baltimore, MD
October 10, 1992
19. 3-D Radiographic Localization in Head and Neck Surgery
The American Academy of Otolaryngology-Head and Neck Surgery, Washington, DC, March 1992
20. In-Vitro Evaluation of Hypointensity in Aspergillus Colonies The Radiological Society of North America, Chicago, IL November, 1992
21. Diagnostic Accuracy of Teleradiology Between Johnston Atoll and Tripler Army Medical Center, 38th Parallel Medical Society of Korea, Seoul, Korea, November 1989.

12 November 2015

Joseph Phillips, Director of Diagnostic Imaging

Joseph M. Phillips

621 English Neighborhood Road, Woodstock, CT 06281, (802) 309-9691; Nukefishvt@yahoo.com

Education:

Master Business Administration

Indiana Wesleyan University
Marion, Indiana
Class of 2004

Bachelor of Science, Biology
Western New England College
Springfield, Massachusetts
Class of 1991

Associate of Science; Nuclear Medicine Technology

Springfield Technical Community College
Springfield, Massachusetts
Class of 1995

Professional Experience

Director of Diagnostic Imaging

1/2013- Present

UCONN Health; Farmington, CT,

Developed strategy and lead operations in an organized labor/academic setting to deliver an optimized patient experience with safe, high quality care. In a period of unprecedented growth for UCONN, significantly expanded the radiology operational footprint with new radiology services deployed in a hospital-based outpatient pavilion, and a new hospital inpatient tower/emergency department. Experienced in managing multiple projects in a matrix leadership structure in support of the delivery of radiologic services in the outpatient clinic setting. Launched mobile MRI and PET/CT services. Actively managing the deployment of a fixed 3T MRI. Responsible for 100+ employees.

Associate Director of Diagnostic Imaging and Procedure Suite

1/2012-1/2013

Seattle Cancer Care Alliance, Seattle, WA

Led operational alignment of Imaging and Procedure Suite services in a "World-Class" clinical destination for translational medicine. Serves as a liaison to foster relationships and interface with University of Washington Radiology Section heads to standardize clinical operations between UW and SCCA. Responsible for the redesign of technologist workflows using Lean principles to maximize efficiency while ensuring the highest quality care in CT by increasing exam throughput. Established performance metrics and dashboards to measure and communicate business objectives.

Director of Diagnostic Services (Including Diagnostic Imaging and Laboratory)

9/2010- 12/2011

Day Kimball Healthcare, Putnam, CT

Operational leader of the Laboratory and Diagnostic Imaging services in multiple clinical locations including human resource management (100+ employees), development of operational and capital budgets, ensuring compliance of Joint Commission/CAP requirements, departmental QI/QA, development of CON applications, and implementing successful strategies to support executive leadership goals. Deployed new "dry" chemistry analyzer technology. Secured a CON to acquire a competing outpatient MRI that was incorporated into DKH operations.

Director of Diagnostic Services (Including Diagnostic Imaging, Laboratory, EKG, Respiratory Therapy and Sleep Lab)

2/2006-9/2010

Southwestern Vermont Healthcare, Bennington, Vermont

Accountable to the CNO, the Director is responsible for the operational leadership of 5 key hospital departments

on 3 campuses generating \$65.7 M in annual gross revenue. Demonstrated success in leading Diagnostic Imaging. Promoted to manage additional services (Laboratory, EKG, Respiratory Therapy, and Sleep Lab) beginning in 2009. Areas of oversight included human resource management (120+ employees), development of operational budgets, and ensuring compliance of Joint Commission/CAP requirements, departmental QA/QL, development of CON applications, equipment procurement, and managing strategic operations correlative with departmental operations. Using Six Sigma methodologies as a cornerstone; developed a dedicated women's imaging center focused on improved communication of results and diagnostic throughput.

PACS Administrator; 2004-2006

Southwestern Vermont Healthcare, Bennington, VT

Implemented and supported an IDX (Stentor ISite) PACS/Meditech RIS enterprise solution. Performed system administration functions for PACS including DICOM modality integration, policy and procedure development, contract review, workflow re-engineering and physician/staff education.

Imaging Services Coordinator; 2000-2003

Southwestern Vermont Healthcare, Bennington, Vermont,

Managed daily operations within the imaging department. Duties included human resource management, development of policies and procedures and organizational/departmental preparation for selection and implementation of PACS.

Nuclear Medicine Technologist; 1995-2000, 2003

Southwestern Vermont Healthcare, Bennington, Vermont

Capital Cardiology Associates, Pittsfield, Massachusetts

Hartford Hospital, Hartford, Connecticut

Performed clinical and research nuclear medicine studies. Managed the hot lab and camera QC, trained new technologists and Cardiology Fellows, administration of radionuclides, maintenance of NRC/state licensing requirements, development of imaging protocols and radiation safety efforts.

MRI Technologist; Per Diem 2005, 2007-2009

Insight Corp at White River Jct. VA Hospital/Southwestern Vermont Healthcare

Bennington, Vermont

Performed routine MRI studies using GE and Siemens 1.5T scanners in a mobile environment. Obtained patient consent; perform medication reconciliation, and safety screening associated with the performance of high field MRI studies.

Professional Affiliations and Certifications:

- Currently enrolled in the **Crimson Continuum of Care Analytics Fellowship** (anticipated completion December 2015)
- Juran Institute certified **Lean/Six Sigma Green Belt**
- **Certified Lean Leader and Lean Value Stream Map Expert**
- **A3 Problem Solving Coach**
- HPI "Safety Starts With Me" trainer as part of UCONN's journey to a "High Reliability Organization"
- Served on the Board of Radiologic Technology (2000-2005) for the Office of Professional Regulation in the state of Vermont. Responsible for licensing Radiology professionals in the state of Vermont.
- Collaborated to organize Radiology Directors in the state of Vermont, Maine, and New Hampshire meeting quarterly as NERMA (New England Radiology Management Association).
- Certified by the NMTCB and ARRT (N)
- Successfully completed the SG&A Consulting PACS administrator School
- Member of the American Healthcare Radiology Administrators (AHRA) the American College of Healthcare Executives (ACHE)
- Lecturer for the New England Chapter of the Society of Nuclear Medicine Technologist's Section

Attachment 4: Letters of Support

December 4, 2015

Dr. Jewel Mullen, Commissioner
Department of Public Health
Office of Health Care Access
410 Capitol Avenue
MS #13HCA
Hartford CT 06134-0308

Dear Commissioner Mullen:

I am writing in support of making Mobile MRI available at John Dempsey Hospital. As I am sure that you are aware, we are in the process of building a new inpatient tower that will be where our 1.5 T MRI will eventually be located. The construction schedule dictates that our current inpatient 1.5 MRI will need to be decommissioned months prior to the installation of the replacement MRI.

As a practicing radiologist, I witness first-hand on a daily basis the demand for MRI to support our clinicians as they care for our patients. This demand keeps both the outpatient MRI and inpatient MRI utilized throughout the day. Were we to have only one MRI there would be a severe impact on our ability to provide this care. In addition, we would no longer have a site where we could transport our inpatients for a MRI examination without the use of an ambulance. The mobile MRI would be a temporary arrangement to assure that we would be able support our clinician's imaging needs during this period of construction. At no time would there be more than 2 functioning MRIs. In order to ensure that our patients are receiving the best level of care and not being made vulnerable to delays in obtaining the necessary treatment, a Mobile MRI should be approved for the Radiology Department.

I urge you to carefully review the compelling facts presented in John Dempsey Hospital Certificate of Need application. In it you will find all of the evidence supporting the request for the Mobile MRI.

Sincerely,



Douglas W. Fellows, MD, FACR
Professor and Chair

263 FARMINGTON AVENUE
FARMINGTON, CT 06030-2802
PHONE 860.679.3626
uchc.edu

Attachment 5: MRI Standard of Practice Guidelines

The American College of Radiology, with more than 30,000 members, is the principal organization of radiologists, radiation oncologists, and clinical medical physicists in the United States. The College is a nonprofit professional society whose primary purposes are to advance the science of radiology, improve radiologic services to the patient, study the socioeconomic aspects of the practice of radiology, and encourage continuing education for radiologists, radiation oncologists, medical physicists, and persons practicing in allied professional fields.

The American College of Radiology will periodically define new practice parameters and technical standards for radiologic practice to help advance the science of radiology and to improve the quality of service to patients throughout the United States. Existing practice parameters and technical standards will be reviewed for revision or renewal, as appropriate, on their fifth anniversary or sooner, if indicated.

Each practice parameter and technical standard, representing a policy statement by the College, has undergone a thorough consensus process in which it has been subjected to extensive review and approval. The practice parameters and technical standards recognize that the safe and effective use of diagnostic and therapeutic radiology requires specific training, skills, and techniques, as described in each document. Reproduction or modification of the published practice parameter and technical standard by those entities not providing these services is not authorized.

Amended 2014 (Resolution 39)*

ACR PRACTICE PARAMETER FOR PERFORMING AND INTERPRETING MAGNETIC RESONANCE IMAGING (MRI)

PREAMBLE

This document is an educational tool designed to assist practitioners in providing appropriate radiologic care for patients. Practice Parameters and Technical Standards are not inflexible rules or requirements of practice and are not intended, nor should they be used, to establish a legal standard of care¹. For these reasons and those set forth below, the American College of Radiology and our collaborating medical specialty societies caution against the use of these documents in litigation in which the clinical decisions of a practitioner are called into question.

The ultimate judgment regarding the propriety of any specific procedure or course of action must be made by the practitioner in light of all the circumstances presented. Thus, an approach that differs from the guidance in this document, standing alone, does not necessarily imply that the approach was below the standard of care. To the contrary, a conscientious practitioner may responsibly adopt a course of action different from that set forth in this document when, in the reasonable judgment of the practitioner, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology subsequent to publication of this document. However, a practitioner who employs an approach substantially different from the guidance in this document is advised to document in the patient record information sufficient to explain the approach taken.

The practice of medicine involves not only the science, but also the art of dealing with the prevention, diagnosis, alleviation, and treatment of disease. The variety and complexity of human conditions make it impossible to always reach the most appropriate diagnosis or to predict with certainty a particular response to treatment. Therefore, it should be recognized that adherence to the guidance in this document will not assure an accurate diagnosis or a successful outcome. All that should be expected is that the practitioner will follow a reasonable course of action based on current knowledge, available resources, and the needs of the patient to deliver effective and safe medical care. The sole purpose of this document is to assist practitioners in achieving this objective.

¹ Iowa Medical Society and Iowa Society of Anesthesiologists v. Iowa Board of Nursing, ___ N.W.2d ___ (Iowa 2013) Iowa Supreme Court refuses to find that the *ACR Technical Standard for Management of the Use of Radiation in Fluoroscopic Procedures* (Revised 2008) sets a national standard for who may perform fluoroscopic procedures in light of the standard's stated purpose that ACR standards are educational tools and not intended to establish a legal standard of care. See also, Stanley v. McCarver, 63 P.3d 1076 (Ariz. App. 2003) where in a concurring opinion the Court stated that "published standards or guidelines of specialty medical organizations are useful in determining the duty owed or the standard of care applicable in a given situation" even though ACR standards themselves do not establish the standard of care.

I. INTRODUCTION

Magnetic resonance imaging (MRI) is a multiplanar imaging method based on an interaction between radiofrequency (RF) electromagnetic fields and certain nuclei in the body (usually hydrogen nuclei) after the body has been placed in a strong magnetic field². MRI differentiates between normal and abnormal tissues, providing a sensitive examination to detect disease. This sensitivity is based on the high degree of inherent contrast due to variations in the magnetic relaxation properties of different tissues, both normal and diseased, and the dependence of the MRI signal on these tissue properties.

II. QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL

A. Physician

A physician must be responsible for all aspects of the study including, but not limited to, reviewing indications for the examination, specifying the pulse sequences to be performed, specifying the use and dosage of contrast agents, interpreting images, generating official interpretations (final reports), and assuring the quality of the images and the interpretations.

Physicians assuming these responsibilities for MR imaging of all anatomical areas (exclusive of cardiac MRI) should meet one of the following criteria:

Certification in Radiology or Diagnostic Radiology by the American Board of Radiology, the American Osteopathic Board of Radiology, the Royal College of Physicians and Surgeons of Canada, or the Collège des Médecins du Québec, and involvement with the supervision, interpretation, and reporting of 300 MRI examinations within the last 36 months³.

or

Completion of a diagnostic radiology residency program approved by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), the Collège des Médecins du Québec, or the American Osteopathic Association (AOA) to include involvement with the supervision, interpretation, and reporting of 500 MRI examinations in the past 36 months.

or

Physicians not board certified in radiology or not trained in a diagnostic radiology residency program who assumes these responsibilities for MR imaging exclusively in a specific anatomical area, excluding cardiac MRI, should meet the following criteria:

Completion of an ACGME approved residency program in the specialty practiced, plus 200 hours of Category I CME in MRI to include, but not limited to: MRI physics, recognition of MRI artifacts, safety, instrumentation, and clinical applications of MRI in the subspecialty area where MRI reading occurs; and supervision, interpretation, and reporting of 500 MRI cases in that specialty area in the past 36 months in a supervised situation. For neurologic MRI, at least 50 of the 500 cases must have been MR angiography (MRA) of the central nervous system.

Specific qualifications for physicians performing cardiac MRI are described in the [ACR-NASCI-SPR Practice Parameter for the Performance and Interpretation of Cardiac MRI](#).

Maintenance of Competence

All physicians performing MRI examinations should demonstrate evidence of continuing competence in the interpretation and reporting of those examinations. If competence is assured primarily on the basis of continuing experience, a minimum of 100 examinations per year is recommended in order to maintain the physician's skills. Because a physician's practice or location may preclude this method, continued competency can also be assured

²See ACR Glossary of MR Terms, 5th edition, 2005.

³Board certification and completion of an accredited radiology residency in the past 24 months will be presumed to be satisfactory experience for the reporting and interpreting requirement.

through monitoring and evaluation that indicates acceptable technical success, accuracy of interpretation, and appropriateness of evaluation.

Continuing Medical Education

The physician's continuing education should be in accordance with the [ACR Practice Parameter for Continuing Medical Education \(CME\) and should include CME](#) in MRI as is appropriate to the physician's practice needs.

B. Medical Physicist / MR Scientist

The personnel qualified to carry out acceptance testing and monitoring of MRI equipment for the purposes of this practice parameter include a medical physicist or an MR scientist.

A Qualified Medical Physicist is an individual who is competent to practice independently one or more subfields in medical physics. The American College of Radiology (ACR) considers certification, continuing education, and experience in the appropriate subfield(s) to demonstrate that an individual is competent to practice in one or more subfields in medical physics, and to be a Qualified Medical Physicist. The ACR strongly recommends that the individual be certified in the appropriate subfield(s) by the American Board of Radiology (ABR), the Canadian College of Physics in Medicine, or by the American Board of Medical Physics (ABMP).

The Qualified Medical Physicist should meet the [ACR Practice Parameter for Continuing Medical Education \(CME\)](#). (ACR Resolution 17, 1996 – revised in 2012, Resolution 42)

The appropriate subfield of medical physics for this practice parameter is Diagnostic Medical Physics. (Previous medical physics certification categories including Radiological Physics, Diagnostic Radiological Physics, and Diagnostic Imaging Physics are also acceptable.)

A Qualified MR Scientist is an individual who has a graduate degree in a physical science involving nuclear magnetic resonance (NMR) or MRI. These individuals should have 3 years of documented experience in a clinical MR environment.

The medical physicist/MR scientist must be familiar with the principles of MRI safety for patients, personnel, and the public; the Food and Drug Administration's guidance for MR diagnostic devices; and other regulations pertaining to the performance of the equipment being monitored. The medical physicist/MR scientist must be knowledgeable in the field of nuclear MR physics and familiar with MRI technology, including function, clinical uses, and performance specifications of MRI equipment, as well as calibration processes and limitations of the performance testing hardware, procedures, and algorithms. The medical physicist/MR scientist must have a working understanding of clinical imaging protocols and methods of their optimization. This proficiency must be maintained by participation in continuing education programs of sufficient frequency to ensure familiarity with current concepts, equipment, and procedures.

The medical physicist/MR scientist may be assisted in obtaining test data for performance monitoring by other properly trained individuals. These individuals must be properly trained and approved by the medical physicist/MR scientist in the techniques of performing the tests, the function and limitations of the imaging equipment and test instruments, the reason for the tests, and the importance of the test results. The medical physicist/MR scientist must review and approve all measurements. The MR scientist should meet the [ACR Practice Parameter for Continuing Medical Education \(CME\)](#).

C. Registered Radiologist Assistant

A registered radiologist assistant is an advanced level radiographer who is certified and registered as a radiologist assistant by the American Registry of Radiologic Technologists (ARRT) after having successfully completed an advanced academic program encompassing an ACR/ASRT (American Society of Radiologic Technologists) radiologist assistant curriculum and a radiologist-directed clinical preceptorship. Under radiologist supervision,

the radiologist assistant may perform patient assessment, patient management, and selected examinations as delineated in the Joint Policy Statement of the ACR and the ASRT titled "Radiologist Assistant: Roles and Responsibilities" and as allowed by state law. The radiologist assistant transmits to the supervising radiologists those observations that have a bearing on diagnosis. Performance of diagnostic interpretations remains outside the scope of practice of the radiologist assistant. (ACR Resolution 34, adopted in 2006) [1]

D. Radiology Technologist

The technologist should participate in assuring patient comfort and safety, preparing and positioning the patient for the MRI examination, and obtaining the MRI data in a manner suitable for interpretation by the physician. The technologist should also perform frequent quality control testing in accordance with the MRI manufacturer's recommendations.

The technologist performing MRI should:

1. Be certified by the American Registry of Radiologic Technologists (ARRT), the American Registry of MRI Technologists (ARMRIT), or the Canadian Association of Medical Radiation Technologists (CAMRT) as an MRI technologist (RTMR).
- or
2. Be certified by the ARRT and/or have appropriate state licensure and have 6 months supervised clinical experience in MRI scanning.
- or
3. Have an associate's degree in an allied health field or a bachelor's degree and certification in another clinical imaging field and have 6 months of supervised clinical MRI scanning.

To assure competence, the responsible physician should evaluate any technologist who began performing MRI prior to October 1996 and who does not meet the above criteria.

Any technologist practicing MRI scanning should be licensed in the jurisdiction in which he/she practices, if state licensure exists. To assure competence, all technologists must be evaluated by the supervising physician.

III. TECHNIQUES AND INDICATIONS

The currently accepted techniques and indications for MRI are discussed in various ACR practice parameters that are based on anatomic sites of examination. It is important that each site offering MRI have documented procedures and technical expertise and appropriate equipment to examine each anatomic site. Because the clinical applications of MRI continue to expand, the enumerated techniques and indications in the reference documents may not be all-inclusive.

Each site's procedures should be reviewed and updated at appropriate intervals. The final judgment regarding appropriateness of a given examination for a particular patient is the responsibility of the ordering physician or other appropriately licensed health care provider and radiologist. The decision to use MRI to scan a particular part of the human body depends on the MRI software and hardware available and the relative cost, efficacy, and availability of alternative imaging methods. The examination should provide images with suitable contrast characteristics, spatial resolution, signal-to-noise ratio, and section geometry appropriate to the specific clinical indications.

IV. POSSIBLE CONTRAINDICATIONS

Possible contraindications include, but are not limited to, the presence of cardiac pacemakers, ferromagnetic intracranial aneurysm clips, certain neurostimulators, certain cochlear implants, and certain other ferromagnetic foreign bodies or electronic devices [2-5]. Possible contraindications should be listed on a screening questionnaire. All patients should be screened for possible contraindications prior to MRI scanning [6-7]. Published test results and/or on-site testing of an identical device or foreign body may be helpful to determine whether a patient with a particular medical device or foreign body may be safely scanned. There is no known

adverse effect of MRI on the fetus. The decision to scan during pregnancy should be made on an individual basis [8].

V. SPECIFICATIONS OF THE EXAMINATION

The examination should be performed within parameters currently approved by the FDA. Examinations that use techniques not approved by the FDA may be considered when they are judged to be medically appropriate.

The written or electronic request for an MRI examination should provide sufficient information to demonstrate the medical necessity of the examination and allow for its proper performance and interpretation of the examination.

Documentation that satisfies medical necessity includes 1) signs and symptoms and/or 2) relevant history (including known diagnoses). Additional information regarding the specific reason for the examination or a provisional diagnosis would be helpful and may at times be needed to allow for the proper performance and interpretation of the examination.

The request for the examination must be originated by a physician or other appropriately licensed health care provider. The accompanying clinical information should be provided by a physician or other appropriately licensed health care provider familiar with the patient's clinical problem or question and consistent with the state's scope of practice requirements. (ACR Resolution 35, adopted in 2006)

Images should be labeled with the following: a) patient identification, b) facility identification, c) examination date, and d) image orientation indicated by unambiguous polarity symbols (e.g., R, L, A, P, H, F).

VI. DOCUMENTATION

High-quality patient care requires adequate documentation. There should be a permanent record of the MRI examination and its interpretation. Imaging of all appropriate areas, both normal and abnormal, should be recorded in a suitable archival format. If contrast material is administered during the MRI examination, the brand name of the contrast agent and the administered dose should be recorded and included in the permanent record of the MRI examination. An official interpretation (final report) of the MRI findings should be included in the patient's medical record regardless of where the study is performed. Retention of the MRI examination should be consistent both with clinical need and with relevant legal and local health care facility requirements.

Reporting should be in accordance with the [ACR Practice Parameter for Communication of Diagnostic Imaging Findings](#).

VII. SAFETY GUIDELINES

Safety guidelines, practices, and policies must be written, enforced, reviewed, and documented at least annually by the supervising physician. These guidelines should take into consideration potential magnetic field interactions for ferromagnetic objects in the MRI environment [9]. They should also consider potential patient hazards (e.g., from magnetic field interactions, tissue heating, and induced electrical currents) and potential hazards posed by implanted objects and materials within the patient as well as other individuals in the MR environment [4-5].

A screening program should be implemented to assure appropriate and safe use of MR contrast material and to reduce the risk of nephrogenic systemic fibrosis (NSF) [10-11]. For further information on ACR screening recommendations see the [ACR Manual on Contrast Media](#) [12] and the [ACR Guidance Document on MR Safe Practices](#) [8]. Peer-reviewed literature pertaining to MR safety should be reviewed on a regular basis.

In pregnancy, gadolinium-based contrast agents (GBCAs) cross the placental barrier, enter the fetal circulation, and pass via the kidneys into the amniotic fluid. Although no definite adverse effects of GBCA administration on the human fetus have been documented, the potential bioeffects of fetal GBCA exposure are not well understood.

GBCA administration should therefore be avoided during pregnancy unless no suitable alternative imaging is possible and the benefits of contrast administration outweigh the potential risk to the fetus. (See the [ACR–SPR Practice Parameter for the Safe and Optimal Performance of Fetal MRI](#).)

When GBCAs are administered to nursing women, a small amount of the contrast agent is excreted in the breast milk. It is unlikely that the minute amount of GBCA absorbed by a nursing infant's gastrointestinal tract will be harmful. If there is concern on the part of the referring physician, radiologist, or patient, the nursing mother can be advised to discard her breast milk for 24 hours after GBCA administration.

When contrast and/or sedation are necessary, they must be administered in accordance with institutional policy and state and federal law by a qualified practitioner with training in cardiopulmonary resuscitation [13]. (See the [ACR–SPR Practice Parameter for the Use of Intravascular Contrast Media](#) and the [ACR–SIR Practice Parameter for Sedation/Analgesia](#).)

Appropriate emergency equipment and medications must be immediately available to treat adverse reactions associated with administered medications. The equipment and medications should be monitored for inventory and drug expiration dates on a regular basis. The equipment, medications, and other emergency support must also be appropriate for the range of ages and sizes in the patient population.

VIII. EQUIPMENT SPECIFICATIONS

The MRI equipment specifications and performance must meet all state and federal requirements. The requirements include, but are not limited to, specifications of maximum static magnetic field strength, maximum rate of change of magnetic field strength (dB/dt), maximum radiofrequency power deposition (specific absorption rate), and maximum acoustic noise levels.

IX. QUALITY CONTROL PROGRAM

A documented quality control program must be maintained at the MR site. Quality control testing should be conducted by the technologist and/or service engineer with review at least annually by the supervising physician and/or a medical physicist/MR scientist [14-16].

X. QUALITY CONTROL AND IMPROVEMENT, SAFETY, INFECTION CONTROL, AND PATIENT EDUCATION

Policies and procedures related to quality, patient education, infection control, and safety should be developed and implemented in accordance with the ACR Policy on Quality Control and Improvement, Safety, Infection Control, and Patient Education appearing under the heading *Position Statement on QC & Improvement, Safety, Infection Control, and Patient Education* on the ACR website (<http://www.acr.org/guidelines>).

Equipment performance monitoring should be in accordance with the [ACR–AAPM Technical Standard for Diagnostic Medical Physics Performance Monitoring of Magnetic Resonance Imaging \(MRI\) Equipment](#).

ACKNOWLEDGEMENTS

This guideline was revised according to the process described under the heading *The Process for Developing ACR Practice Guidelines and Technical Standards* on the ACR website (<http://www.acr.org/guidelines>) by the ACR Commission on Body Imaging.

Principal Reviewer

Jeffrey J. Brown, MD, MBA, FACR

Commission on Body Imaging

(ACR Committee responsible for sponsoring the draft through the process)

James A. Brink, MD, FACR, Chair
 Lincoln L. Berland, MD, FACR
 Steven E. Harms, MD, FACR
 Ella A. Kazerooni, MD, FACR
 Mark J. Kransdorf, MD, FACR
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Comments Reconciliation Committee

Rodney S. Owen, MD, FACR, Chair
 Kimberly E. Applegate, MD, MS, FACR
 James A. Brink, MD, FACR
 Jeffrey J. Brown, MD, MBA, FACR
 Philip N. Cascade, MD, FACR
 Howard B. Fleishon, MD, MMM, FACR
 Allan J. Fox, MD
 Alan D. Kaye, MD, FACR
 Paul A. Larson, MD, FACR

REFERENCES

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*Practice parameters and technical standards are published annually with an effective date of October 1 in the year in which amended, revised or approved by the ACR Council. For practice parameters and technical standards published before 1999, the effective date was January 1 following the year in which the practice parameter or technical standard was amended, revised, or approved by the ACR Council.

Development Chronology for this Practice Parameter

1992 (Resolution 14)

Amended 1995 (Resolution 53)

Revised 1996 (Resolution 1)

Revised 2000 (Resolution 16)

Revised 2001 (Resolution 12)

Amended 2002 (Resolution 2)

Revised 2006 (Resolution 15,16g,34,35,36)

Revised 2011 (Resolution 19)

Amended 2014 (Resolution 39)

Attachment 6: Vendor Agreement

Insight Imaging
 26250 Enterprise Ct., Suite 100
 Lake Forest, CA 92630
 888.643.5007
 www.insighthealth.com



UConn Health Center

UConn Health Center
 263 Farmington Avenue
 Williamsville, NY 14221

November 17, 2015

Interim Mobile MRI Quote

| | |
|---------------------------------|--|
| Equipment | Siemens 1.5T Espree MRI system in a mobile coach |
| Term | Approximately 3 months |
| Days per week | Seven (7) days a week |
| Start date | TBD -1-4-16 |
| Siemens service hours | OEM full service agreement: Monday through Friday 8:00 am to 9:00 pm., excluding holidays |
| Staff | Qualified technologists shall be provided by the Lessee |
| Applications | If requested, applications training may be provided for an additional charge of \$1,300 per day |
| Payment terms | Net thirty (30) days from date of invoice |
| Financial considerations | Rental rate of \$48,250 per month, plus a one-time shipping fee of \$4,500 and \$350 cleaning fee. Rates do not include any applicable sales tax |

*Pricing will remain valid for sixty (60) days from the date of this quotation.
 This quote is contingent upon equipment availability.*

Thank you for your interest in Insight Imaging. If you have any questions regarding this quote, please contact:

Don Salyer
 Exe Dir. & General Manger Interim Solutions
 740-745-5103
 dsalyer@insighthealth.com

Attachment 7: John Dempsey Hospital Charity Care Policy

UCONN HEALTH
JOHN DEMPSEY HOSPITAL, UMG/UHP
ADMINISTRATIVE MANUAL

SECTION: FINANCIAL MANAGEMENT

NUMBER: 04-005

SUBJECT: CHARITY CARE

PAGE: 1 OF 3

PURPOSE:

To provide a policy and procedure for the determination and handling of University of Connecticut Health Center's (UHC) Charity Care. Charity Care is a financial assistance program offered by the UConn Health Center which provides a reduced cost rate for medically necessary services incurred by State of Connecticut legal residents whose household income does not exceed 250% of the Federal Income Poverty Guidelines for a family unit. Patients must meet the State of Connecticut definition of "Uninsured", having applied and been denied eligibility for any medical or health care coverage provided under the CT Medicaid program, or not be eligible for coverage under the Medicare or CHAMPUS programs, or any other governmental or privately sponsored health or accident insurance. Patients must furnish proof of current income to qualify for charity care.

PROCEDURE:

A. Notice of Charity Care:

Signs in both English and Spanish are posted in the operational areas indicated below:

Health Center Cashier Offices
Financial Counseling Offices
Hospital outpatient departments
Patient Financial Services departments
Hospital Emergency department
Same Day Surgery department
UMG/UHP Physician Offices

B. Applications for Charity Care:

Patients may obtain an application for Charity Care from Financial Counselors or the Collection units of the Patient Financial Services Department. The completed application must be returned to the attention of the Collections Supervisor of the Patient Financial Services Department.

Financial Counselors, Case Managers, and Social Workers are available to assist the patient with this process. Additionally, UConn Health Center has translation services available through the Language Line services via AT&T to also assist with this process.

C. Eligibility Requirements

All patients who apply for Charity Care consideration must be State of Connecticut legal residents whose household income does not exceed 250% of the Federal Income Poverty Guidelines for a family unit. Patients must meet the definition of "Uninsured", having applied and been denied eligibility for any medical or health care coverage provided under the CT Medicaid program, or not be eligible for coverage

under the Medicare or CHAMPUS programs, or any other governmental or privately sponsored health or accident insurance. Patients must furnish proof of current income to qualify for charity care.

Federal Income Poverty Guidelines will be adjusted annually based upon the inflation rate as determined by the Consumer Price Index (CPI) as published at the end of the calendar year.

THE UNIVERSITY OF CONNECTICUT HEALTH CENTER
JOHN DEMPSEY HOSPITAL
ADMINISTRATIVE MANUAL

SECTION: FINANCIAL MANAGEMENT

NUMBER: 04-005

SUBJECT: CHARITY CARE

PAGE: 2 OF 3

D. Services Covered by the Program:

Medically necessary services, which are deemed essential to identify or treat a patient's condition, illness or injury, based on the patient's symptoms, diagnosis or treatment of the underlying condition, in accordance with professional standards of medical care generally accepted in the medical community.

E. Services NOT Covered:

Not medically necessary services, which are solely for the convenience of the patient

Disputes with respect to medically necessary services may be appealed to the Associate Dean for Clinical Affairs

F. Application Documentation Requirements:

1. Applications must include documentation of all current household income. The required form of documentation will be one or more of the following:
 - a. Your four (4) most recent consecutive weekly paystubs, two consecutive bi-weekly or semi-monthly paystubs. Paystubs must include employee's name.
 - b. A statement from your employer on company letterhead stating your gross wages for the last four (4) weeks, signed by your employer.
 - c. If self-employed, a notarized Self-employment Worksheet for the last six (6) calendar months and current 1040 IRS form including all relevant schedules (C, D, E, SE, K, etc.)
 - d. Report of Confidential Social Security Benefits, Form 2458, available at the local Social Security office, OR a copy of your Social Security or Supplemental Security Income (SSI) check, OR a statement from the bank if you have direct deposit, OR your most recent Social Security Award Notice, Form SSA-4926SM.
 - e. Pension of annuity check stubs, OR a letter from the payor on the letterhead of the payor stating the gross amount.
 - f. Printout of Unemployment Compensation Benefits from the Department of Labor (DOL) or from the DOL website at: www.ctdol.state.ct.us

- g. Workman's Compensation of Disability Insurance (short term or long term) statement showing benefits and period covered.
 - h. Signed statements indicating the amount and frequency of payments or relatives who are contributing to your household's support.
2. Patient's whose income is known to exceed the poverty income guidelines must also provide documentation of their assets, which incorporate the following items:
 - a. Savings and passbook accounts
 - b. Stocks, bonds, and certificates of deposit
 - c. Money market accounts
 - d. Annuities
 - e. Pensions
 3. Applications must include documentation of unpaid UCHC expenses. Any unpaid UCHC expenses must be documented by a billing invoice and a balance due statement.
 4. Proof of State of Connecticut legal residency.

G. Eligibility Determination

1. An applicant will be considered eligible for Charity Care consideration only if eligibility and documentation requirements are met, and the application is returned within 90 days of receipt.
2. After making the eligibility determination, the Collection Supervisor or their designee will notify the patient of the decision in writing within three business days.
 - a. Approvals \$.01 to \$2,499 Patient Access Financial Counselors
 - b. Approvals \$2,500 to \$4,999 Patient Accounts Collection Supervisor
 - c. Approvals \$5,000+ Director, Patient Financial Services
3. Approved Charity Care applications will cover only those services where payment is due from the patient at the time of the eligibility determination. Patients may reapply for Charity Care on a per episode basis. Also, if additional services are requested related to the current treatment, those services will be covered as well under the initial application.
4. Patient Accounts Collection Supervisor will monthly audit 5 random applications granted for less than \$2,500 to ensure compliance with program.

THE UNIVERSITY OF CONNECTICUT HEALTH CENTER
 JOHN DEMPSEY HOSPITAL
 ADMINISTRATIVE MANUAL

SECTION: FINANCIAL MANAGEMENT

NUMBER: 04-005

SUBJECT: CHARITY CARE

PAGE: 3 OF 3

H. Collection Procedure

1. Normal billing procedures will continue during the application process. However, the account will not be referred to an outside collection agency, or if the account is already with an outside collection agency, collection efforts will be delayed until final determination is made on the patient's eligibility for Charity Care.

2. Control logs are maintained by the collection department for John Dempsey Hospital (JDH) and University Medical Group (UMG) to record allowances processed by fiscal year and will include the transaction date, the patient name and patient visit number(s), the transaction amount and the year to date total. The JDH control log is made available to the State of Connecticut's Office of Health Care Access upon request. Applications will be retained for a six (6) month period after the end of the fiscal year and logs are retained for permanently for audit and statistical purposes.

Mike Summerer MD. MS.
Interim Hospital Director

Date Issued: 2/95

Date Reviewed: 10/95; 10/97

Date Revised: 12/97, 02/12, 03/15

Greer, Leslie

From: Armah, Olga
Sent: Tuesday, January 05, 2016 2:27 PM
To: jthibeault@uchc.edu
Cc: User, OHCA; Armah, Olga; Veyberman, Alla; Riggott, Kaila
Subject: Docket No. 15-32049 CON - JDH Temporary Lease of MRI Scanner Completeness
Attachments: 15-32049 Completeness Questions.docx

Dear Mr. Thibeault:

Please see the attached completeness questions for Docket No. 15-32049 CON.

Thank you.

Olga

Olga Armah, M. Phil
Associate Research Analyst
Office of Health Care Access
CT Department of Public Health
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134

Phone: 860 418 7070
Fax: 860 418 7053
mailto: olga.armah@ct.gov
Web: www.ct.gov/ohca



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Acting Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

January 5, 2016

Via Email Only

jthibeault@uchc.edu

Mr. James Thibeault
Director, Strategy and Business Development
John Dempsey Hospital
263 Farmington Ave.
Farmington, CT 06030

RE: Certificate of Need Application Docket Number: 15-32049-CON
Temporary Lease of Mobile Magnetic Resonance Imaging Scanner
Certificate of Need Completeness Letter

Dear Mr. Thibeault:

On December 8, 2015, OHCA received the Certificate of Need application for John Dempsey Hospital's proposal for the temporary lease of a mobile MRI unit. OHCA requests additional information pursuant to Connecticut General Statutes §19a-639a(c). *Please electronically confirm receipt of this email as soon as you receive it.* Provide responses to the question below in both a Word document and PDF format at the earliest convenience as an attachment to a responding email.

Repeat each question before providing your response and paginate and date your response, i.e., each page in its entirety. Information filed after the initial CON application submission (e.g., completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document preceding it. Please begin your submission using **Page 82** and reference "**Docket Number: 15-32049-CON.**"

1. Reconcile the data in the table on page 23 with statistics reported for HRS Schedule 450 (FY12-FY14). Please explain the inconsistency and revise as appropriate.
2. What is the actual source of funding for the Mobile MRI unit and the new Hospital Tower?

Please note that pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request no later than sixty days from the date of this email transmission.



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

Therefore, please provide your written responses to OHCA no later than **March 6, 2016**, otherwise your application will be automatically considered withdrawn.

Please email your responses to all of the following email addresses: OHCA@ct.gov, olga.armah@ct.gov, alla.veyberman@ct.gov, kaila.riggott@ct.gov.

If you have any questions concerning this letter, please feel free to contact me at (860) 418-7070 or Alla Veyberman at (860) 418 7007.

Sincerely,

Olga Armah

Olga Armah
Associate Research Analyst

Greer, Leslie

From: Thibeault,James <jthibeault@uchc.edu>
Sent: Monday, February 01, 2016 12:25 PM
To: Armah, Olga
Cc: User, OHCA; Veyberman, Alla; Riggott, Kaila; Giannini, Monte; Geoghegan, Jeff; Phillips, Joseph
Subject: RE: Docket No. 15-32049 CON - JDH Temporary Lease of MRI Scanner Completeness
Attachments: MRI CON 2015_Completeness Question Responses Docket Number 15-32049-CON Feb 1 2016.docx; MRI CON 2015_Completeness Question Responses Docket Number 15-32049-CON Feb 1 2016.pdf

Sensitivity: Confidential

Dear Olga,

Re: Docket No. 15-32049-CON – John Dempsey Hospital Temporary Lease of MRI Scanner – Response to Completeness Questions from Jan 5, 2016.

As requested, attached are both the Microsoft Word and PDF versions of John Dempsey Hospital's response to the completeness questions for our CON application for the Temporary Lease of an MRI Scanner.

Sincerely,

Jim

Jim Thibeault | Director, Strategy and Business Development
Strategy and Business Development | UConn Health
263 Farmington Avenue, Farmington, CT 06030-3800
Office: 860.679.8780 | Cell: 860.558-8193 | Fax: 860.679.1255
[Jthibeault@uchc.edu](mailto:jthibeault@uchc.edu)

From: Armah, Olga [<mailto:Olga.Armah@ct.gov>]
Sent: Tuesday, January 05, 2016 3:01 PM
To: Thibeault, James
Cc: User, OHCA; Veyberman, Alla; Riggott, Kaila; Giannini, Monte
Subject: RE: Docket No. 15-32049 CON - JDH Temporary Lease of MRI Scanner Completeness

Jim,

Thanks for acknowledging receipt.

Olga

Olga Armah

CT Department of Public Health
Office of Health Care Access (OHCA)
Phone: 860 418 7070

Fax: 860 418 7053

Mailto: olga.armah@ct.gov

Web: www.ct.gov/ohca



From: Thibeault, James [<mailto:jthibeault@uchc.edu>]

Sent: Tuesday, January 05, 2016 3:00 PM

To: Armah, Olga

Cc: User, OHCA; Veyberman, Alla; Riggott, Kaila; Giannini, Monte

Subject: RE: Docket No. 15-32049 CON - JDH Temporary Lease of MRI Scanner Completeness

Olga,

I have received the questions pertaining to Docket No. 15-32049 –CON.

I will research the answers and respond as soon as possible.

Jim

Jim Thibeault | Director, Strategy and Business Development

Strategy and Business Development | UConn Health

263 Farmington Avenue, Farmington, CT 06030-3800

Office: 860.679.8780 | Cell: 860.558-8193 | Fax: 860.679.1255

[Jthibeault@uchc.edu](mailto:jthibeault@uchc.edu)

From: Armah, Olga [<mailto:Olga.Armah@ct.gov>]

Sent: Tuesday, January 05, 2016 2:27 PM

To: Thibeault, James

Cc: User, OHCA; Armah, Olga; Veyberman, Alla; Riggott, Kaila

Subject: Docket No. 15-32049 CON - JDH Temporary Lease of MRI Scanner Completeness

Dear Mr. Thibeault:

Please see the attached completeness questions for Docket No. 15-32049 CON.

Thank you.

Olga

Olga Armah, M. Phil

Associate Research Analyst

Office of Health Care Access

CT Department of Public Health

410 Capitol Avenue, MS #13HCA

P.O. Box 340308

Hartford, CT 06134

Phone: 860 418 7070

Fax: 860 418 7053

mailto: olga.armah@ct.gov

Web: www.ct.gov/ohca

UConn HEALTH

February 1, 2016

VIA E-MAIL

Olga Armah
Associate Research Analyst
Connecticut Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS #13HCA
PO Box 340308
Hartford, CT 06134

RE: Certificate of Need Application Docket Number: 15-32049-CON
Temporary Lease of Mobile Magnetic Resonance Imaging Scanner
Certificate of Need Completeness Letter - John Dempsey Hospital

Dear Ms. Armah:

Attached, please find responses to your Certificate of Need Completeness Letter dated January 5, 2016. As requested, I am attaching the responses in both MS Word and PDF format.

Please do not hesitate to contact me at 860-679-8780 if you have any questions.

Sincerely,



James Thibeault
Director, Strategy & Business Development
UConn Health
263 Farmington Ave.
Farmington, CT 06030

jthibeault@uchc.edu

**John Dempsey Hospital
Temporary Lease of Mobile Magnetic Resonance Imaging Scanner
Docket Number: 15-32049-CON**

Responses to January 5, 2016 Completeness Questions:

1. Reconcile the data in the table on page 23 with statistics reported for HRS Schedule 450 (FY12-FY14). Please explain the inconsistency and revise as appropriate.

There are two reasons for the inconsistency between the MRI volume data presented in the table on page 23 of the CON and the MRI volume statistics reported in HRS Schedule 450 (FY 12 - FY 14). First, the volume data presented on page 23 – as well as throughout the entire Certificate of Need Application – is based on John Dempsey Hospital's fiscal year, which is July to June. In contrast, Schedule 450 is based on OHCA fiscal year, which is October to September. Accordingly, MRI volume presented in the CON will be inconsistent with the MRI volume presented in Schedule 450 because the time span of the fiscal years are different.

The second reason for the inconsistent volume data is because the data presented in Schedule 450 for FY 14 was based on an incomplete set of CPT codes due to a programming error. This resulted in an underreporting of MRI volume presented in Schedule 450.

Tables 1 and 2 that follow is an attempt to reconcile the inconsistent MRI volume presented in the CON compared to Schedule 450. Table 1 presents MRI volume by the CPT codes that John Dempsey Hospital uses for counting MRI scans. The data is presented by John Dempsey's fiscal year, which is July to June. This is the same volume that was presented in the CON for the Hospital's fiscal years 2012 to 2014.

In Table 2, MRI volume is presented by OHCA fiscal year, which is October to September.

Table 1

**MRI Volume by CPT Code by John Dempsey Fiscal Year, 2012 to 2014
Fiscal Year is July to June**

| cpt_code | description | JDH FY 12 | JDH FY 13 | JDH FY 14 |
|-----------------|---|----------------------|----------------------|----------------------|
| 19085 | BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID | 0 | 0 | 9 |
| 70336 | MRI TEMPOROMANDIBULAR JOINT | 8 | 10 | 2 |
| 70540 | MRI ORBIT FACE &/NECK W/O CONTRAST | 7 | 13 | 8 |
| 70542 | MRI ORBIT FACE & NECK W/CONTRAST MATERIAL | 1 | 1 | 2 |
| 70543 | MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL | 63 | 79 | 88 |
| 70544 | MRA HEAD W/O CONTRST MATERIAL | 184 | 198 | 148 |
| 70545 | MRA HEAD W/CONTRAST MATERIAL | 8 | 7 | 6 |
| 70546 | MRA HEAD W/O & W/CONTRAST MATERIAL | 80 | 108 | 124 |
| 70547 | MRA NECK W/O CONTRST MATERIAL | 26 | 32 | 33 |
| 70548 | MRA NECK W/CONTRAST MATERIAL | 3 | 6 | 18 |
| 70549 | MRA NECK W/O &W/CONTRAST MATERIAL | 115 | 141 | 101 |
| 70551 | MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL | 692 | 811 | 733 |
| 70552 | MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL | 16 | 17 | 21 |
| 70553 | MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL | 1112 | 1213 | 1224 |
| 71550 | MRI CHEST W/O CONTRAST MATERIAL | 3 | 8 | 5 |
| 71552 | MRI CHEST W/O & W/CONTRAST MATERIAL | 7 | 5 | 8 |
| 72141 | MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL | 557 | 606 | 457 |
| 72142 | MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL | 6 | 2 | 3 |
| 72146 | MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL | 108 | 105 | 89 |
| 72147 | MRI SPINAL CANAL THORACIC W/CONTRAST MATRL | 3 | 1 | 3 |
| 72148 | MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL | 901 | 960 | 786 |
| 72149 | MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL | 2 | 10 | 4 |
| 72156 | MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL | 176 | 212 | 201 |
| 72157 | MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL | 120 | 154 | 127 |
| 72158 | MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL | 238 | 220 | 171 |
| 72195 | MRI PELVIS W/O CONTRAST MATERIAL | 38 | 41 | 28 |
| 72196 | MRI PELVIS W/CONTRAST MATERIAL | 1 | 0 | 1 |
| 72197 | MRI PELVIS W/O & W/CONTRAST MATERIAL | 172 | 152 | 144 |
| 73218 | MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL | 58 | 66 | 58 |
| 73219 | MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL | 1 | 2 | 2 |
| 73220 | MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS | 34 | 46 | 27 |
| 73221 | MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL | 795 | 810 | 604 |
| 73222 | MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL | 93 | 70 | 50 |

Table 1 (continued)

| cpt_code | description | JDH FY 12 | JDH FY 13 | JDH FY 14 |
|-------------|--|--------------|--------------|--------------|
| 73223 | MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL | 37 | 40 | 21 |
| 73718 | MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL | 139 | 110 | 107 |
| 73719 | MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL | 0 | 2 | 0 |
| 73720 | MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR | 81 | 97 | 79 |
| 73721 | MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL | 1008 | 1164 | 813 |
| 73722 | MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL | 67 | 50 | 78 |
| 73723 | MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL | 56 | 56 | 34 |
| 74181 | MRI ABDOMEN W/O CONTRAST MATERIAL | 80 | 63 | 52 |
| 74182 | MRI ABDOMEN W/CONTRAST MATERIAL | 3 | 0 | 3 |
| 74183 | MRI ABDOMEN W/O & W/CONTRAST MATERIAL | 138 | 162 | 186 |
| 75557 | CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST | 16 | 25 | 8 |
| 75561 | CARDIAC MRI W/WO CONTRAST & FURTHER SEQ | 123 | 92 | 54 |
| 75563 | CARDIAC MRI W/W/O CONTRAST W/STRESS | 3 | 4 | 0 |
| 75565 | CARDIAC MRI FOR VELOCITY FLOW MAPPING | 0 | 0 | 1 |
| 77021 | MR GUIDANCE NEEDLE PLACEMENT | 7 | 8 | 13 |
| C8900 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN | 1 | 1 | 5 |
| C8901 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN | 2 | 2 | 0 |
| C8902 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY | 33 | 5 | 9 |
| C8903 | MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL | 0 | 1 | 2 |
| C8904 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATE | 0 | 1 | 2 |
| C8905 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH | 16 | 19 | 23 |
| C8906 | MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL | 2 | 0 | 3 |
| C8907 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATER | 2 | 7 | 12 |
| C8908 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY C890 | 66 | 73 | 78 |
| C8910 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCL | 3 | 1 | 0 |
| C8911 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWE C891 | 2 | 6 | 3 |
| C8912 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMIT | 2 | 0 | 0 |
| C8913 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTRE | 0 | 1 | 1 |
| C8914 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWE C891 | 5 | 1 | 2 |
| C8916 | MRA W/O CONT,UPR EXT | 0 | 1 | 1 |
| C8917 | MRA W/O FOL W/CONT,UPR EXT | 1 | 0 | 1 |
| C8919 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS | 4 | 2 | 0 |
| C8920 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWE C892 | 10 | 1 | 4 |
| Grand Total | | 7,535 | 8,101 | 6,880 |

Table 2

**MRI Volume by CPT Code by OHCA Fiscal Year, 2012 to 2014
Fiscal Year is October to September**

| cpt_code | description | OHCA FY 12 | OHCA FY 13 | OHCA FY 14 Not Included in #450 | OHCA FY 14 Included in #450 | Re- Stated OHCA FY 14 |
|-----------------|---|-------------------|-------------------|--|------------------------------------|------------------------------|
| 19085 | BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID | 0 | 0 | 10 | 0 | 10 |
| 70336 | MRI TEMPOROMANDIBULAR JOINT | 8 | 9 | 0 | 0 | 0 |
| 70540 | MRI ORBIT FACE &/NECK W/O CONTRAST | 8 | 12 | 0 | 9 | 9 |
| 70542 | MRI ORBIT FACE & NECK W/CONTRAST MATERIAL | 2 | 0 | 0 | 3 | 3 |
| 70543 | MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL | 71 | 75 | 0 | 91 | 91 |
| 70544 | MRA HEAD W/O CONTRST MATERIAL | 191 | 185 | 0 | 167 | 167 |
| 70545 | MRA HEAD W/CONTRAST MATERIAL | 8 | 7 | 0 | 6 | 6 |
| 70546 | MRA HEAD W/O & W/CONTRAST MATERIAL | 87 | 119 | 0 | 142 | 142 |
| 70547 | MRA NECK W/O CONTRST MATERIAL | 30 | 31 | 0 | 39 | 39 |
| 70548 | MRA NECK W/CONTRAST MATERIAL | 5 | 7 | 0 | 17 | 17 |
| 70549 | MRA NECK W/O &W/CONTRAST MATERIAL | 115 | 133 | 0 | 133 | 133 |
| 70551 | MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL | 774 | 773 | 0 | 748 | 748 |
| 70552 | MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL | 21 | 16 | 0 | 17 | 17 |
| 70553 | MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL | 1128 | 1190 | 0 | 1281 | 1281 |
| 71550 | MRI CHEST W/O CONTRAST MATERIAL | 6 | 6 | 0 | 5 | 5 |
| 71552 | MRI CHEST W/O & W/CONTRAST MATERIAL | 4 | 6 | 0 | 12 | 12 |
| 72141 | MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL | 597 | 544 | 0 | 502 | 502 |
| 72142 | MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL | 5 | 1 | 0 | 6 | 6 |
| 72146 | MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL | 117 | 93 | 0 | 96 | 96 |
| 72147 | MRI SPINAL CANAL THORACIC W/CONTRAST MATRL | 2 | 2 | 0 | 3 | 3 |
| 72148 | MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL | 966 | 901 | 0 | 790 | 790 |
| 72149 | MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL | 4 | 9 | 4 | 0 | 4 |
| 72156 | MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL | 187 | 200 | 225 | 0 | 225 |
| 72157 | MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL | 132 | 137 | 142 | 0 | 142 |
| 72158 | MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL | 231 | 211 | 195 | 0 | 195 |
| 72195 | MRI PELVIS W/O CONTRAST MATERIAL | 42 | 38 | 0 | 39 | 39 |
| 72196 | MRI PELVIS W/CONTRAST MATERIAL | 1 | 1 | 0 | 0 | 0 |
| 72197 | MRI PELVIS W/O & W/CONTRAST MATERIAL | 173 | 147 | 0 | 146 | 146 |
| 73218 | MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL | 69 | 57 | 0 | 64 | 64 |
| 73219 | MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL | 1 | 4 | 0 | 0 | 0 |
| 73220 | MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS | 38 | 42 | 0 | 29 | 29 |
| 73221 | MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL | 839 | 753 | 0 | 564 | 564 |
| 73222 | MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL | 94 | 57 | 0 | 45 | 45 |

Table 2 (continued)

| cpt_code | description | OHCA FY 12 | OHCA FY 13 | OHCA FY 14 Not Included in #450 | OHCA FY 14 Included in #450 | Re- Stated OHCA FY 14 |
|-------------|--|---------------|---------------|---|--------------------------------------|--------------------------------|
| 73223 | MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL | 44 | 41 | 0 | 19 | 19 |
| 73718 | MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL | 139 | 110 | 96 | 0 | 96 |
| 73719 | MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL | 0 | 2 | 1 | 0 | 1 |
| 73720 | MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR | 91 | 91 | 78 | 0 | 78 |
| 73721 | MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL | 1114 | 1059 | 827 | 0 | 827 |
| 73722 | MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL | 59 | 63 | 65 | 0 | 65 |
| 73723 | MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL | 57 | 55 | 32 | 0 | 32 |
| 74181 | MRI ABDOMEN W/O CONTRAST MATERIAL | 80 | 57 | 0 | 58 | 58 |
| 74182 | MRI ABDOMEN W/CONTRAST MATERIAL | 3 | 2 | 0 | 1 | 1 |
| 74183 | MRI ABDOMEN W/O & W/CONTRAST MATERIAL | 148 | 167 | 0 | 182 | 182 |
| 75557 | CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST | 21 | 22 | 0 | 9 | 9 |
| 75561 | CARDIAC MRI W/WO CONTRAST & FURTHER SEQ | 111 | 83 | 0 | 59 | 59 |
| 75563 | CARDIAC MRI W/W/O CONTRAST W/STRESS | 2 | 4 | 0 | 0 | 0 |
| 75565 | CARDIAC MRI FOR VELOCITY FLOW MAPPING | 0 | 0 | 0 | 1 | 1 |
| 77021 | MR GUIDANCE NEEDLE PLACEMENT | 8 | 11 | 0 | 10 | 10 |
| C8900 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN | 0 | 3 | 0 | 4 | 4 |
| C8901 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN | 2 | 2 | 0 | 0 | 0 |
| C8902 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY | 23 | 6 | 0 | 6 | 6 |
| C8903 | MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL | 0 | 1 | 0 | 3 | 3 |
| C8904 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATE | 0 | 2 | 0 | 1 | 1 |
| C8905 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH | 17 | 22 | 0 | 20 | 20 |
| C8906 | MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL | 2 | 2 | 0 | 1 | 1 |
| C8907 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATER | 4 | 8 | 0 | 9 | 9 |
| C8908 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY C890 | 74 | 69 | 0 | 85 | 85 |
| C8910 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCL | 3 | 1 | 0 | 0 | 0 |
| C8911 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWE C891 | 3 | 5 | 4 | 0 | 4 |
| C8912 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMIT | 1 | 0 | 0 | 0 | 0 |
| C8913 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTRE | 0 | 2 | 0 | 0 | 0 |
| C8914 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWE C891 | 2 | 1 | 2 | 0 | 2 |
| C8916 | MRA W/O CONT,UPR EXT | 0 | 2 | 0 | 0 | 0 |
| C8917 | MRA W/O FOL W/CONT,UPR EXT | 1 | 0 | 1 | 0 | 1 |
| C8918 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS | 0 | 0 | 1 | 0 | 1 |
| C8919 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS | 4 | 2 | 0 | 0 | 0 |
| C8920 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWE C892 | 7 | 1 | 4 | 0 | 4 |
| Grand Total | | 7,976 | 7,662 | 1,687 | 5,422 | 7,109 |

The volume presented in Table 2 above corrects the programming error that caused the underreporting of MRI volume in Schedule 450 for FY 14. The missing codes are presented in the column "OHCA FY 14 Not Included in #450." The re-stated total MRI volume for FY 14 is 7,109 scans. As indicated previously, the total MRI volume presented in Table 2 will not match the total MRI volume in Table 1 because the time span of the two fiscal years is different.

There is also a variance between the original MRI volume presented in Schedule 450 for FY 12 and FY 13 and the volume presented in Table 2. In John Dempsey's original filings, a total of 7,975 scans were reported for OHCA FY 12, and 7,657 in OHCA FY 13. In the process of re-running historical MRI volume for this Certificate of Need, the Hospital is now reporting 7,976 scans for OHCA FY 12, and 7,662 MRI scans for OHCA fiscal year 2013.

John Dempsey Hospital will re-submit Schedule 450 for OHCA fiscal years 2012, 2013 and 2014.

2. What is the actual source of funding for the Mobile MRI unit and the new Hospital Tower?

On July 8, 2011, the Connecticut State Legislature passed Public Act 11-75, An Act Concerning the University of Connecticut Health Center (Bioscience Connecticut). The bill formalized and amended plans established by the State to create the UConn Health Network. This Act authorized \$592 million in borrowing through State of Connecticut issued GO bonds as part of the UConn 2000 program. The New Hospital Tower is a major named project funded by these bonds. The relocation of the MRI is part of the total project budget approved for the New Hospital Tower project.

Greer, Leslie

From: Veyberman, Alla
Sent: Tuesday, February 23, 2016 9:31 AM
To: 'jthibeault@uchc.edu'
Cc: Greer, Leslie; Armah, Olga
Subject: Deemed Complete notification
Attachments: 15-32049-CON Notification of Application Deemed Complete.docx

Good morning Mr. Thibeault:

Please see the attached deemed complete letter for Docket No. 15-32049 CON.

Thank you.

Alla Veyberman, MS
Health Care Analyst
CT Department of Public Health
Office of Health Care Access (OHCA)
Phone: 860.418.7007
Fax: 860.418.7053
Email: Alla.Veyberman@ct.gov



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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

February 19, 2016

Via Email Only

ithibeault@uchc.edu

Mr. James Thibeault
Director, Strategy and Business Development
John Dempsey Hospital
263 Farmington Ave.
Farmington, CT 06030

RE: Certificate of Need Application Docket Number: 15-32049-CON
Temporary Lease of Mobile Magnetic Resonance Imaging Scanner
Certificate of Need Completeness Letter

Dear Mr. Thibeault:

This letter is to inform you that, pursuant to Section 19a-639a (d) of the Connecticut General Statutes, the Office of Health Care Access has deemed the above-referenced application complete as of February 19, 2016.

If you have any questions regarding this matter, please feel free to contact me at (860) 418-7007 or Olga Armah at (860) 418-7070.

Sincerely,

Alla Veyberman

Alla Veyberman
Health Care Analyst



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

Greer, Leslie

From: Thibeault,James <jthibeault@uchc.edu>
Sent: Tuesday, February 23, 2016 9:34 AM
To: Veyberman, Alla
Cc: Greer, Leslie; Armah, Olga
Subject: RE: Deemed Complete notification

Alla,
Thank you for letting us know. We await the decision.

Jim

Jim Thibeault | Director, Strategy and Business Development
Strategy and Business Development | UConn Health
263 Farmington Avenue, Farmington, CT 06030-3800
Office: 860.679.8780 | Cell: 860.558-8193 | Fax: 860.679.1255
[Jthibeault@uchc.edu](mailto:jthibeault@uchc.edu)

From: Veyberman, Alla [<mailto:Alla.Veyberman@ct.gov>]
Sent: Tuesday, February 23, 2016 9:31 AM
To: Thibeault,James
Cc: Greer, Leslie; Armah, Olga
Subject: Deemed Complete notification

Good morning Mr. Thibeault:

Please see the attached deemed complete letter for Docket No. 15-32049 CON.

Thank you.

Alla Veyberman, MS
Health Care Analyst
CT Department of Public Health
Office of Health Care Access (OHCA)
Phone: 860.418.7007
Fax: 860.418.7053
Email: Alla.Veyberman@ct.gov



Greer, Leslie

From: Greer, Leslie
Sent: Wednesday, April 13, 2016 3:29 PM
To: 'jthibeault@uchc.edu'
Cc: Armah, Olga; Veyberman, Alla; Lazarus, Steven; Riggott, Kaila; Hansted, Kevin; Martone, Kim
Subject: John Dempsey Hospital
Attachments: 32049_201604131458.pdf

| Tracking: | Recipient | Delivery | Read |
|-----------|-----------------------|------------------------------|-------------------------|
| | 'jthibeault@uchc.edu' | | |
| | Armah, Olga | Delivered: 4/13/2016 3:29 PM | |
| | Veyberman, Alla | Delivered: 4/13/2016 3:29 PM | Read: 4/13/2016 3:50 PM |
| | Lazarus, Steven | Delivered: 4/13/2016 3:29 PM | |
| | Riggott, Kaila | Delivered: 4/13/2016 3:29 PM | |
| | Hansted, Kevin | Delivered: 4/13/2016 3:29 PM | |
| | Martone, Kim | Delivered: 4/13/2016 3:29 PM | |

Mr. Thibeault,
Attached is the final decision for John Dempsey's Certificate of Need application.

Leslie M. Greer
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, Hartford, CT 06134
Phone: (860) 418-7013 Fax: (860) 418-7053
Website: www.ct.gov/ohca



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Acting Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

Final Decision

Applicant: John Dempsey Hospital
263 Farmington Ave., Farmington, CT 06030

Docket Number: 15-32049-CON

Project Title: Acquisition of Mobile Magnetic Resonance Imaging Scanner

Project Description: John Dempsey Hospital ("Applicant" or "Hospital") seeks authorization to acquire a mobile magnetic resonance imaging scanner (MRI) for its main campus and emergency department at a capital expenditure of \$294,350.

Procedural History: The Applicant published notice of its intent to file a Certificate of Need ("CON") application in *the Hartford Courant* (Hartford) on November 14, 15 and 16, 2015. On December 8, 2015, the Office of Health Care Access ("OHCA") received the initial CON application from the Hospital for the above-referenced project and deemed the application complete on February 19, 2016. OHCA received no responses from the public concerning the proposal and no hearing requests from the public per Connecticut General Statutes ("Conn. Gen. Stat.") § 19a-639a(e). Deputy Commissioner Brancifort considered the entire record in this matter.



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Affirmative Action/Equal Opportunity Employer

Findings of Fact and Conclusions of Law

1. John Dempsey Hospital (“Applicant” or “Hospital”) is a state-owned acute care general hospital with a main campus at 263 Farmington Avenue and a satellite campus at 10 Talcott Notch in Farmington, Connecticut. The Hospital is licensed for 224 beds and 10 bassinets. Ex. A., pp. 10, 50.
2. The Hospital currently operates two Siemens Avanto 1.5T MRIs, a fixed unit on the main campus and a mobile unit for outpatients at 230 Farmington Avenue, across the street from the main campus. Ex. A, pp. 13, 38.
3. The Applicant is planning to relocate the main campus MRI unit to a new patient tower that will house the Hospital’s inpatient beds, emergency department, surgery suite, MRI suite, renal dialysis, respiratory therapy, inpatient rehab department, clinical support and patient education space. Ex. A, pp. 13-14.
4. The patient tower is part of the Bioscience Connecticut Initiative approved by the Connecticut legislature in June 2011 and signed into law by Governor Malloy in July 2012. Ex. A, p. 13.
5. The Applicant is relocating the main campus MRI to the new tower for close proximity to inpatients and ER patients in need of MRI services. Ex. A, p. 16.
6. The 6-month relocation process includes shut down, disassembly and transport of the unit, construction, obtaining the certificate of occupancy for the new tower, physicist acceptance testing and ramp up time before the unit is placed back in service. Ex. A, p. 13
7. The Hospital is proposing leasing a Siemens 1.5T Espree mobile MRI to be located adjacent to the current hospital building and accessed through an enclosed, sealed and weatherproofed environment, during the relocation of the main campus MRI. The lessor will remove the leased mobile MRI when the relocation is complete. Ex. A, pp. 13, 38.
8. The mobile MRI will enable the Hospital to continue to keep two MRI units in operation during the fiscal year. Ex. A, pp. 14
9. The Hospital’s primary service area consists of the following towns: Avon, Bloomfield, Burlington, Canton, East Hartford, Farmington, Granby, Hartford, New Britain, Newington, Simsbury and West Hartford. Ex. A, p. 17.

10. The hours of operation for the proposed and existing MRI scanners are as follows:

TABLE 1
MRI SERVICES HOURS OF OPERATION

| MRI SCANNER | Location | Population Served | Days/Hours of Operation |
|--|--------------------|--------------------------|------------------------------------|
| Siemens Espree 1.5T, Mobile (Proposed) | 263 Farmington Ave | Inpatient and outpatient | Sunday to Saturday 24 hours/day |
| Siemens Avanto 1.5T, Fixed (To be relocated) | 263 Farmington Ave | Inpatient and outpatient | Sunday to Saturday 24 hours/day |
| Siemens Avanto 1.5T, Mobile | 230 Farmington Ave | Outpatient | 6:30 a.m. to 6:30 p.m. |

Ex. A, p. 26

11. MRI referrals are ordered by the Hospital's attending physicians and physicians associated with UConn Medical Group, the faculty practice of UConn Health. Ex. A, p. 25.

12. The following table shows the Hospital's historical and projected MRI volumes for FY 2013-2018:

TABLE 2
HISTORICAL AND PROJECTED VOLUMES BY TYPE OF SCAN

| Scan Volume | Actual Volume (Last 3 Completed FYs) | | | Projected Volume*** | | |
|--------------|---|--------------|--------------|---------------------|--------------|--------------|
| | FY 2013 | FY 2014* | FY 2015** | FY 2016 | FY 2017 | FY 2018 |
| Total | 8,101 | 6,880 | 7,504 | 7,579 | 7,655 | 7,731 |

Fiscal year is July 1 to June 30.

*Low volume from large decrease in outpatient MRI because hospital was down to one unit from 09/2013 to 01/2014 (5 months).

**Increased MRI volume due to additional Neurology faculty staff resulting in increased inpatient neurology consults and MRI referrals.

***1% annual increase expected in inpatient and outpatient MRI volumes due to increase in neurology faculty, orthopedic faculty and because the hospital is now a certified Stroke Center.

Ex. A, pp. 28, 40.

13. The Applicant estimates the total project cost to be \$294,350 and is part of the legislatively approved budget for the new hospital tower construction project funded through the State of Connecticut issued general obligation bonds authorized by Public Act 11-75. Ex. A, pp. 21, 48, 88

14. The Applicant projects an incremental gain of \$1,763,556 in operations in FY 2016 associated with the projected incremental volume of 1,895 scans.

**TABLE 3
FY 2016 INCREMENTAL REVENUES AND EXPENSES**

| | FY 2016 |
|----------------------------------|--------------------|
| Revenue from Operations | \$2,084,314 |
| Total Operating Expenses | \$320,350 |
| Gain/Loss from Operations | \$1,763,556 |

Ex. A, p. 34

15. The Hospital expects no changes in payer mix in MRI scan volumes over the next three fiscal years:

**TABLE 4
JOHN DEMPSEY'S CURRENT & PROJECTED PAYER MIX**

| Payer | FY 2015 | | Projected | | | | | |
|-----------------------------|--------------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|
| | | | FY 2016 | | FY 2017 | | FY 2018 | |
| | Volume | % | Volume | % | Volume | % | Volume | % |
| Medicare* | 2,006 | 27% | 2,026 | 27% | 2,046 | 27% | 2,066 | 27% |
| Medicaid* | 2,187 | 29% | 2,209 | 29% | 2,231 | 29% | 2,253 | 29% |
| CHAMPUS & TriCare | 79 | 1% | 80 | 1% | 81 | 1% | 82 | 1% |
| Total Government | 4,272 | 57% | 4,315 | 57% | 4,358 | 57% | 4,401 | 57% |
| Commercial Insurers | 3,134 | 42% | 3,165 | 42% | 3,197 | 42% | 3,229 | 41% |
| Uninsured | 12 | 0.2% | 12 | 0.2% | 12 | 0.2% | 12 | 0.2% |
| Workers Compensation | 86 | 1% | 87 | 1% | 88 | 1% | 89 | 1% |
| Total Non-Government | 3,232 | 43% | 3,264 | 43% | 3,297 | 43% | 3,330 | 43% |
| Total Payer Mix | 7,504 | 100% | 7,579 | 100% | 7,655 | 100% | 7,731 | 100% |

*Includes managed care activity

Ex. A, p. 29

16. The proposal will have no impact on Medicaid recipients and indigent persons. Currently 29% of the scans the hospital provides are for Medicaid recipients and this trend is not projected to change. Ex. A, p. 19, 29.

17. This proposal will make no changes to clinical services offered by the Hospital. Ex. A, p. 18.

18. The proposal will have no impact on existing providers and will not result in any duplication of existing services because the proposed mobile MRI will only be in service temporarily in order to maintain the Hospital's MRI services while the main campus MRI is being relocated. Ex. A, p. 25

19. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations yet to be adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))
20. The CON application is consistent with the Statewide Health Care Facilities and Services Plan. (Conn. Gen. Stat. § 19a-639(a)(2))
21. The Applicant has established that there is a clear public need for its proposal. (Conn. Gen. Stat. § 19a-639(a)(3))
22. The Applicant has satisfactorily demonstrated that its proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4))
23. The Applicant has satisfactorily demonstrated that access to services, cost effectiveness and the quality of health care delivery will be maintained. (Conn. Gen. Stat. § 19a-639(a)(5))
24. The Applicant has shown that there will be no change in access to MRI services to the relevant populations and payer mix, including Medicaid patients and indigent persons. (Conn. Gen. Stat. § 19a-639(a)(6))
25. The Applicant has identified the population to be served and has satisfactorily demonstrated that this population has a need. (Conn. Gen. Stat. § 19a-639(a)(7))
26. The Applicant's historical utilization in the area supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8))
27. The Applicant has satisfactorily demonstrated that the proposal will not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9))
28. The Applicant has satisfactorily demonstrated that the proposal will not result in a reduction or change in access to services for Medicaid recipients or indigent persons. (Conn. Gen. Stat. § 19a-639(a)(10))
29. The Applicant has satisfactorily demonstrated that the proposal will not result in a negative impact on the diversity of MRI service providers in the area. (Conn. Gen. Stat. § 19a-639(a)(11))
30. The Applicant has satisfactorily demonstrated that its proposal will not result in any consolidation that would affect health care costs or accessibility to care. (Conn. Gen. Stat. § 19a-639(a)(12))

Discussion

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in Conn. Gen. Stat. § 19a-639(a). The Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727 (2013).

John Dempsey Hospital (“Applicant” or “Hospital”) is a 224-bed general acute care hospital located at 263 Farmington Avenue in Farmington, Connecticut. *FF1*. The Hospital operates two 1.5T MRIs, a fixed unit on the main campus and a mobile unit across the street from the main campus. *FF2*. The Hospital seeks authorization to lease a 1.5T mobile MRI while relocating its main campus MRI unit to a new patient tower that is part of the Bioscience Connecticut Initiative. *FF4, FF7*. The tower will house the Hospital’s inpatient beds, emergency department, surgery suite, MRI suite and other departments. *FF3*. The proposed MRI will be in service temporarily while the main campus MRI is non-operational. *FF18*.

The relocation process will take six months and includes shutdown, disassembly and transport of the main campus MRI unit, construction, testing and ramp-up time before Hospital places the unit back in service. *FF6*. The Applicant will locate the proposed unit adjacent to the current hospital building, allowing the Hospital to continue to provide the current level of access to MRI imaging services and care coordination for all its existing service area patients, including Medicaid recipients and the indigent. *FF7-FF9*. The Applicant anticipates treating the same patient payer mix, which includes 29% Medicaid recipients, following implementation of the proposal. *FF15, F16*. Thus, OHCA finds that access and quality will be maintained.

The one-time total project cost of \$294,350 will be covered with designated funds from the hospital tower construction project budget and State of Connecticut issued bonds. *FF13*. The Applicant projects incremental gains from operations of \$1,763,556 associated with the projected incremental volume of 1,895 scans. *FF14*. Therefore, OHCA finds the proposal financially feasible.

Based on the Hospital’s historical and projected utilization volume and the need to maintain availability of and access to MRI services at the Hospital, the Applicant has satisfactorily demonstrated a clear public need for this proposal. The proposal will have no impact on existing providers and not result in unnecessary duplication of existing services. Altogether, these benefits are consistent with the Statewide Health Care Facilities and Services Plan.

Order

Based upon the foregoing Findings and Discussion, the Certificate of Need application of John Dempsey Hospital to acquire a mobile magnetic resonance imaging scanner for its main campus is hereby **APPROVED**.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Department of Public Health
Office of Health Care Access

4/13/2016
Date


Janet M. Brancifort, MPH, RRT
Deputy Commissioner